

# Foster Family Home - Corrective Action Report

Provider ID: 1-560450

Home Name: Juanita Sagon, CNA

Review ID: 1-560450-8

94-429 Hiapaiole Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

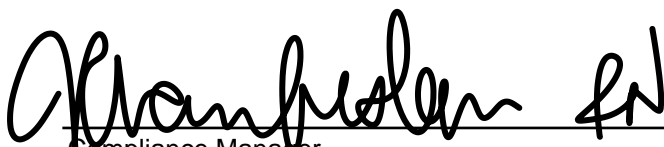
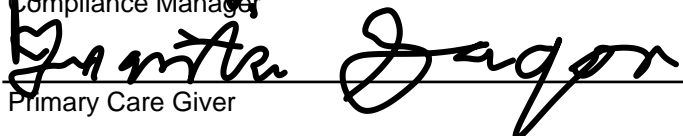
Begin Date: 3/22/2021

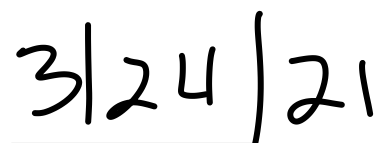
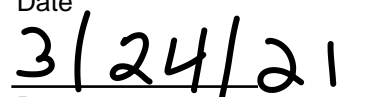
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date