

Foster Family Home - Corrective Action Report

Provider ID: 2-190047

Home Name: Sam P. Panglao, CNA

Review ID: 2-190047-4

96-3065 Pikake Street

Reviewer: David Ayling

Pahala HI 96777

Begin Date: 4/21/2021

Foster Family Home

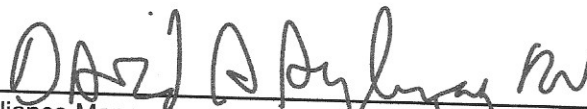
Required Certificate

[11-800-6]


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

Comment:

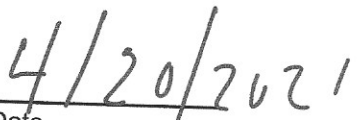
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



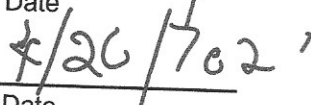
Compliance Manager



Primary Care Giver



Date



Date