

# Foster Family Home - Corrective Action Report

Provider ID: 1-200075

Home Name: Shella Marie Romagos, CNA

Review ID: 1-200075-1

94-502 Kahualena Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/21/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date