

Foster Family Home - Corrective Action Report

Provider ID: 1-622309

Home Name: Sherry-Anne Viernes, RN

Review ID: 1-622309-7

94-117 Kaupu Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/20/2021

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

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

Comment:

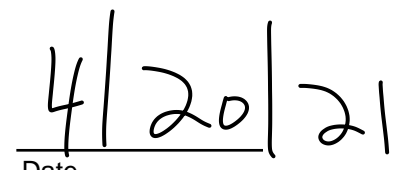
6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

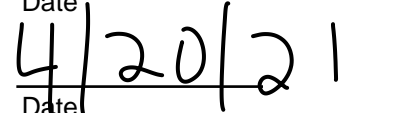
No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date