

Foster Family Home - Corrective Action Report

Provider ID: 1-512104

Home Name: Virginia Suniga, CNA

Review ID: 1-512104-7

91-1052 Kahiuka Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/4/2021

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