

Foster Family Home - Corrective Action Report

Provider ID: 1-210049

Home Name: Wency Martin, CNA

Review ID: 1-210049-1

1549 Lehia Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 7/6/2021

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