

# Foster Family Home - Corrective Action Report

Provider ID: 1-562729

Home Name: Jhanette Navarrete, CNA

Review ID: 1-562729-2

91-610 Kilipoe Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/7/2015

End Date: 5/7/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 5/7/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 2 bed certification.

Compliance Manager

Jhanette Navarrete  
Primary Care Giver

5/7/15  
Date

5/7/15  
Date