

Foster Family Home - Corrective Action Report

Provider ID: 1-562729

Home Name: Jhanette Navarrete, CNA

Review ID: 1-562729-3

91-610 Kilipoe Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 5/3/2017

End Date: 5/3/17

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 CCFFH recertification review made on 5/3/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Jhanette U. Navarrete

Primary Care Giver

Date

5-3-17

Date