

# Foster Family Home - Corrective Action Report

Provider ID: 1-587751

Home Name: Melanie Jovenal, CNA

Review ID: 1-587751-4

91-1043 Kailoa Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 7/23/2018

End Date: 7/23/18

Foster Family Home

Required Certificate

[17-1454-6]

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

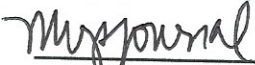
Comment:

Home visit for a 3 person CCFFH recertification review made on 7/23/18.

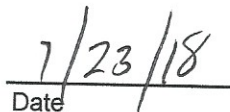
6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

 RN

Compliance Manager



Primary Care Giver

 7/23/18

Date

 7/23/18

Date