

Foster Family Home - Corrective Action Report

Provider ID: 1-620557

Home Name: Jessie Silao, CNA

Review ID: 1-620557-4

91-1122 Kuhina Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 3/14/2019

Foster Family Home

Required Certificate

[11-800-6]

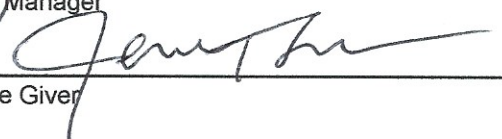
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/14/19.
Home in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

3/14/19
Date

3/14/19
Date