

# Foster Family Home - Corrective Action Report

Provider ID: 1-110083

Home Name: Agnes Goya, CNA

Review ID: 1-110083-9

91-1041 Hanakahi Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 4/15/2019

Foster Family Home

Required Certificate

[11-800-6]

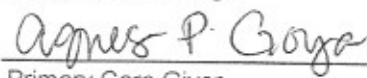
6.(d)(1) Comply with all applicable requirements in this chapter, and

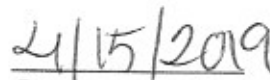
Comment:

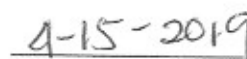
6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/15/19.

Home is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date