

Foster Family Home - Corrective Action Report

Provider ID: 1-562729

Home Name: Jhanette Navarrete, CNA

Review ID: 1-562729-4

91-610 Kilipoe Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 5/29/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

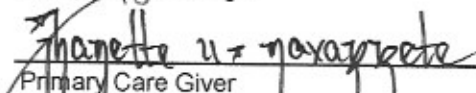
6.(d)(1) Home inspection for a 2 person CCFH recertification made on 5/29/19. Home is in compliance with all requirements.



Compliance Manager

5/29/2019

Date



Primary Care Giver

5-29-19

Date