

# Foster Family Home - Corrective Action Report

Provider ID: 1-160007

Home Name: Lani Abara, CNA

Review ID: 1-160007-4

91-1032 Hamana Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/6/2020

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 made for a 2 bed re-certification. Home met all compliance requirements at the time of the home inspection. No corrective action required.

Home meets all requirements for 3 bed home and has application submitted for 3 bed home

Jackie Chamberlain RN  
Compliance Manager

1/6/20  
Date

Lani Abara  
Primary Care Giver

1/6/20  
Date