

# Foster Family Home - Corrective Action Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-8

91-915 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/12/2020

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 3 bed recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN  
Compliance Manager

03/12/2020  
Date

Ederlina Tangonan  
Primary Care Giver

3/12/2020  
Date