

# Foster Family Home - Corrective Action Report

Provider ID: 1-110083

Home Name: Agnes Goya, CNA

Review ID: 1-110083-10

91-1041 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/15/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Annual inspection conducted for this CCFFH. Home met all compliance requirements (as determined in temporary Covid-19 criteria) at the time of the home inspection. No corrective action required

Jackie Chamberlain PD  
Compliance Manager

4/15/2020  
Date

Agnes P Goya  
Primary Care Giver

4-15-20  
Date