

Foster Family Home - Corrective Action Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA
92-790 Paakai Street
Kapolei HI 96707

Review ID: 1-110037-8

Reviewer: Jackie Chamberlain

Begin Date: 4/24/2020

Foster Family Home Required Certificate [11-800-6]

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

Comment:
Recertification inspection conducted for this CCFFH. Home met all temporary compliance requirements as determined during Covid-19 criteria at the time of the home inspection. No corrective action required

Jackie Chamberlain RW
Compliance Manager

4/24/2020
Date

[Signature]
Primary Care Giver

4/24/2020
Date