

# Foster Family Home - Corrective Action Report

Provider ID: 1-180043

Home Name: Charmaine Saoit, RN

Review ID: 1-180043-3

91-733 Makule Road, Apt. C

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/21/2020

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 RN  
Compliance Manager

4/21/20  
Date

Charmaine Saoit  
Primary Care Giver

4/21/20  
Date