

# Foster Family Home - Corrective Action Report

Provider ID: 1-620551

Home Name: Christine Oliveros, CNA

Review ID: 1-620551-11

92-1135 Makakilo Drive

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 3/23/2020

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

Jackie Chamberlain RN  
Compliance Manager

[Signature]  
Primary Care Giver

3/23/2020  
Date

3/23/2020  
Date