

Foster Family Home - Corrective Action Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

Review ID: 1-628167-8

91-1053 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/22/2020

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 RA
Compliance Manager

Emilita Aquino
Primary Care Giver

4/22/2020,
Date

4/22/2020
Date