

Foster Family Home

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

91-1060 Hamana Street

Ewa Beach HI 96706

Review ID: 1-511289-7

Reviewer: Jackie Chamberlain

Begin Date: 5/5/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Home inspection made for a 2 bed annual inspection. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

Ernesto Ortal
Primary Care Giver

5/5/2020
Date

5/5/2020
Date