

Foster Family Home - Corrective Action Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

91-1372 Kamahoi Street

Ewa Beach HI 96706

Review ID: 1-613803-8

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

Alhamteplaii RAJ
Compliance Manager

[Signature]
Primary Care Giver

5/5/2020
Date

5/5/2020
Date