

# Foster Family Home - Corrective Action Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, NA

Review ID: 1-518730-8

91-959 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/14/2020

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

Gina Oen-Mitchell  
Primary Care Giver

5/14/2020  
Date

5/14/2020  
Date