

# Foster Family Home - Corrective Action Report

Provider ID: 1-633744

Home Name: Aurelia Jacob, CNA

Review ID: 1-633744-8

91-1102 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/6/2020

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

Jackie Chamberlain RA  
Compliance Manager

8/6/2020  
Date

Aurelia A. Jacob  
Primary Care Giver

8/6/2020  
Date