

Foster Family Home - Corrective Action Report

Provider ID: 1-587420

Home Name: Lilibeth Quinones, CNA

Review ID: 1-587420-6

91-1152 A Kaunolu Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 2/20/2020

Foster Family Home

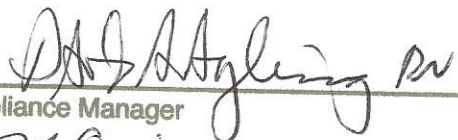
Required Certificate

[11-800-6]

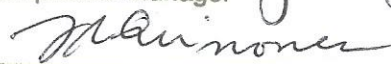
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH.
Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver

2/20/20
Date

2/20/20
Date