

Foster Family Home - Corrective Action Report

Provider ID: 1-559239

Home Name: Eufemia Aguada, CNA

Review ID: 1-559239-9

94-619 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/17/2020

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 CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RA
Compliance Manager

9/17/2020
Date

Eufemia Aguada
Primary Care Giver

9/17/20
Date