

Foster Family Home - Corrective Action Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

94-1066 Halelehua Street

Waipahu HI 96797

Review ID: 1-170042-5

Reviewer: David Ayling

Begin Date: 5/7/2020

Foster Family Home

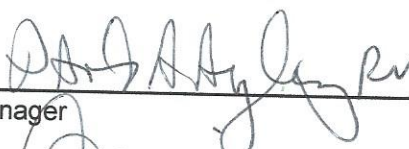
Required Certificate

[11-800-6]

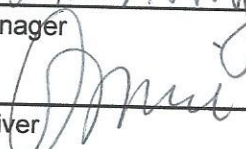
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

5/7/2020
Date

5/7/20
Date