

# Foster Family Home - Corrective Action Report

Provider ID: 1-180042

Home Name: Jovelyn Manaois, CNA

Review ID: 1-180042-3

91-837 Kauwili Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/18/2020

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

Jackie Chamberlain RN  
Compliance Manager

J Manaois  
Primary Care Giver

5/18/2020  
Date

5/18/2020  
Date