

Foster Family Home - Corrective Action Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

Review ID: 1-130062-9

91-952 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

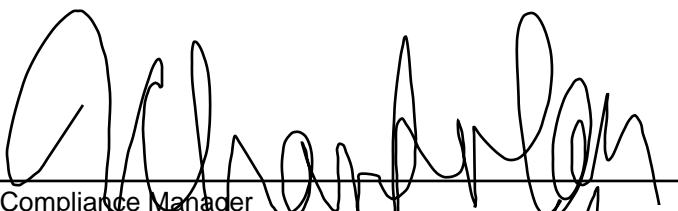
Begin Date: 11/6/2020

Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



Compliance Manager Date



Primary Care Giver Date