

Foster Family Home - Corrective Action Report

Provider ID: 1-170066

Home Name: Lenie Flores, CNA

Review ID: 1-170066-5

91-820 Lakana Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/8/2020

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

Jackie Chamberlain
Compliance Manager

[Signature]
Primary Care Giver

10/08/2020
Date

10/08/2020
Date