

# Foster Family Home - Corrective Action Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-8

91-1154 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/30/2020

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 <sup>JC</sup> recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

J Chamberlain RN  
Compliance Manager

9/30/2020  
Date

Liza Gozum  
Primary Care Giver

9/30/20  
Date