

Foster Family Home - Corrective Action Report

Provider ID: 1-190059

Home Name: Anna Joyce Quiambao, CNA

Review ID: 1-190059-4

87-135 A Kaukamana Road

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 5/12/2021

Foster Family Home

Required Certificate

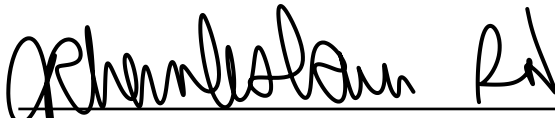
[11-800-6]

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

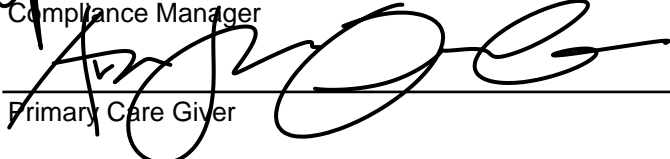
Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

Increase to 3 bed approved for 08/21/2021 certification period



Compliance Manager



Primary Care Giver

5/12/21

Date

5/12/21

Date