

Foster Family Home - Corrective Action Report

Provider ID: 1-110018

Home Name: Charly Micua, CNA

Review ID: 1-110018-10

94-423 Hiahia Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/19/2021

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 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/19/21

Date

4/19/21

Date