

Foster Family Home - Corrective Action Report

Provider ID: 1-180043

Home Name: Charmaine Saoit, RN

Review ID: 1-180043-5

91-733 Makule Road, Apt. C

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

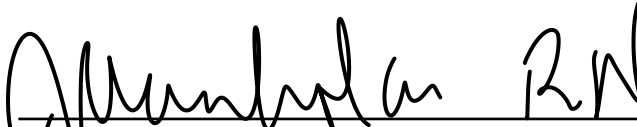
Begin Date: 4/26/2021

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

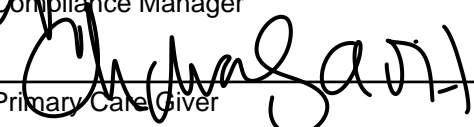
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

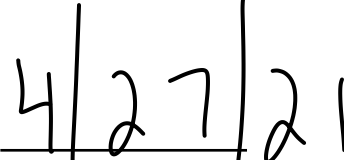
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



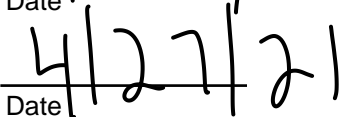
Compliance Manager



Primary Care Giver



Date



Date