

Foster Family Home - Corrective Action Report

Provider ID: 1-130015

Home Name: Ederlina Tangonan, CNA

Review ID: 1-130015-10

91-915 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/17/2021

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

3/17/21
Date

3/17/21
Date