

Foster Family Home - Corrective Action Report

Provider ID: 1-190033

Home Name: Glenn T. Goya, NA

Review ID: 1-190033-4

91-1019 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

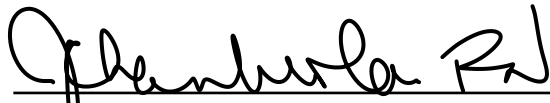
Begin Date: 4/26/2021

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

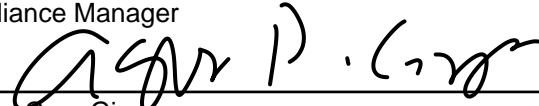
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

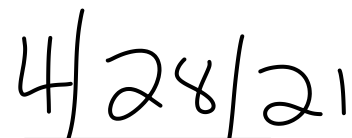


Compliance Manager

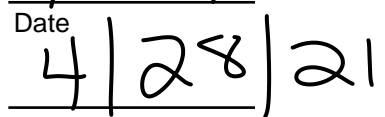


Primary Care Giver

SCG



Date



Date