

Foster Family Home - Corrective Action Report

Provider ID: 1-562729
Home Name: Jhanette Navarrete, CNA
 91-610 Kilipoe Street
 Ewa Beach HI 96706

Review ID: 1-562729-7
Reviewer: Jackie Chamberlain
Begin Date: 5/4/2021

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.

No corrective action required.

Jackie Chamberlain

Compliance Manager

Jhanette Navarrete

Primary Care Giver

Date

5-05-21

Date