

# Foster Family Home - Corrective Action Report

Provider ID: 1-180042

Home Name: Jovelyn Manaois, CNA

Review ID: 1-180042-5

91-837 Kauwili Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/7/2021

Foster Family Home

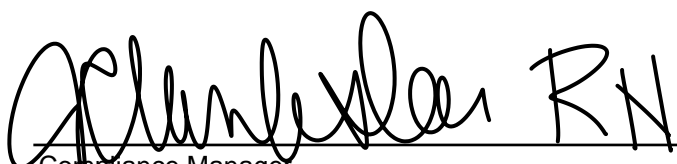
Required Certificate

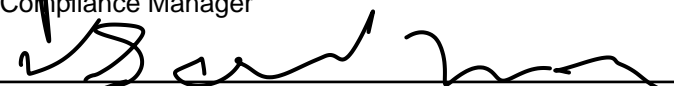
[11-800-6]

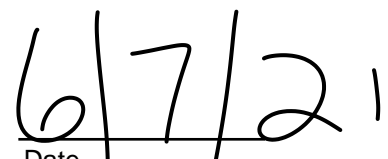
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

  
Date

  
Date