

Foster Family Home - Corrective Action Report

Provider ID: 1-150052

Home Name: Maribelle Agustin, RN

Review ID: 1-150052-7

91-949 Ikulani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/9/2021

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 Date 6/9/21



Primary Care Giver Date 6/9/21