

Foster Family Home - Corrective Action Report

Provider ID: 1-210045

Home Name: Michael Britten, CNA

Review ID: 1-210045-1

91-2026 Kamakana Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 6/10/2021

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

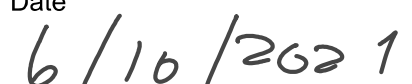


Compliance Manager



Date





Primary Care Giver

Date