

# Foster Family Home - Corrective Action Report

Provider ID: 1-509424

Home Name: Rosalina Ayala, CNA

Review ID: 1-509424-8

91-1298 Hoopio Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

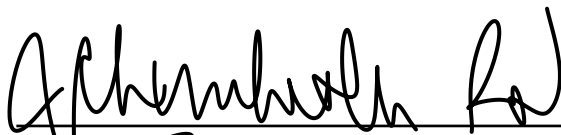
Begin Date: 5/6/2021

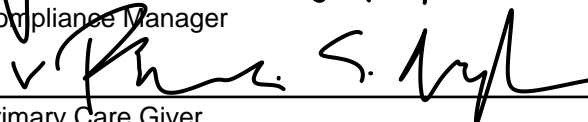
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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