

Foster Family Home - Corrective Action Report

Provider ID: 1-200073

Home Name: Ruby A. Endres, NA

Review ID: 1-200073-1

46-329 Kumoo Loop

Reviewer: David Ayling

Kaneohe

HI 96744

Begin Date: 5/7/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - 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