

Foster Family Home - Corrective Action Report

Provider ID: 1-560921

Home Name: Jeannie Abero, CNA

Review ID: 1-560921-10

91-1020 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/6/2021

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 re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

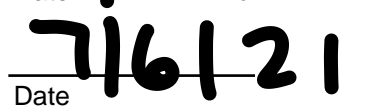
No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date