

# Foster Family Home - Corrective Action Report

Provider ID: 2-210010

Home Name: Adam Borowitz, RN

Review ID: 2-210010-1

16-1703 37th Avenue

Reviewer: Jackie Chamberlain

Keaau HI 96749

Begin Date: 2/1/2021

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

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


Comment:

Home inspection for new 2 bed CCFFH. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date