

# Foster Family Home - Corrective Action Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-8

94-468 Kupuna Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

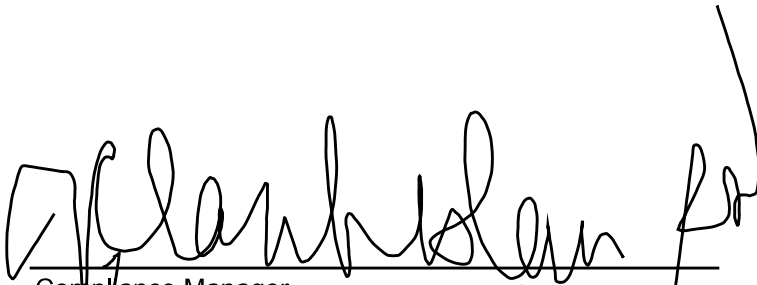
Begin Date: 1/18/2021

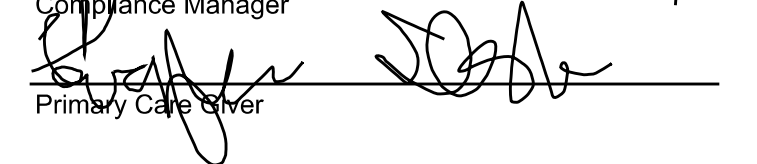
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

1/19/21  
\_\_\_\_\_  
Date

1/19/21  
\_\_\_\_\_  
Date