

# Foster Family Home - Corrective Action Report

Provider ID: 1-559057

Home Name: Julieta Cambe, CNA

Review ID: 1-559057-10

94-482 Alpine Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/27/2021

Foster Family Home

Required Certificate

[11-800-6]


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

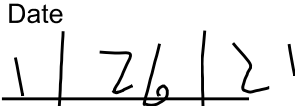
Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date