

# Foster Family Home - Corrective Action Report

Provider ID: 1-160006

Home Name: Gerald Nakata, RN

Review ID: 1-160006-2

91-1019 Paaoloulu Way

Reviewer:

Kapolei HI 96707

Begin Date: 12/22/2016

End Date: 12/22/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 12/22/16. Currently has no patients. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date

12-22-16

Date