

Foster Family Home - Corrective Action Report

Provider ID: 1-170087

Home Name: Marian Nakahashi RN

Review ID: 1-170087-1

94-1144 Eleu street

Reviewer: Carrie Wakai

Waipahu HI 96796

Begin Date: 1/29/2018

End Date: 01/30/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a new CCFFH certification survey.
Home was in compliance with all requirements. Home will receive a 1 year 2 client certification.

Carrie Wakai
Compliance Manager

1/29/18
Date

Marian Nakahashi RN
Primary Care Giver

1/29/18
Date