# Foster Family Home - Corrective Action Report

**Provider ID:** **1-120060**

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|---|---|---|---|
| **Home Name:** | **Edsa Almazan, CNA** | **Review ID:** | **1-120060-5** |
| 94-295 Loaa Street | | Reviewer: | Maribel Nakamine |
| Waipahu HI 96797 | | Begin Date: | 9/26/2019 |

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

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/26/19.

6.(d)(1)- see applicable sections of the review.
Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN — 9/26/19
Compliance Manager — Date

Edsa Almazan — 9/26/19
Primary Care Giver — Date