Foster Family Home - Corrective Action Report

Provider ID: **1-562670**

Home Name: **Juanito Castanaga, CNA**

94-968 Lumimoe Street

Waipahu HI 96797

Review ID: **1-562670-8**

Reviewer: Maribel Nakamine

Begin Date: 10/25/2019

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 10/25/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN
Compliance Manager

10/25/19
Date

Juanito Castanaga
Primary Care Giver

10/25/19
Date