

# Foster Family Home - Corrective Action Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-6

94-227 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/17/2020

**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 completed.

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

*Maribel Nakamine, RA*

Compliance Manager

*3/17/2020*

Date

*Florante Solis SCG / Florante Solis*

Primary Care Giver

*3-17-2020*

Date