

Foster Family Home - Corrective Action Report

Provider ID: 1-110030

Home Name: Alicia Zafaralla, CNA

Review ID: 1-110030-9

94-1067 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/30/2020

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 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RQ 4/30/2020
Compliance Manager Date

Alicia Zafaralla 4/30/2020
Primary Care Giver Date