

Foster Family Home - Corrective Action Report

Provider ID: 1-190053

Home Name: Annilet Pingul, RN

Review ID: 1-190053-2

955 Hanau Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 4/28/2020

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, RN
Compliance Manager

4/28/2020
Date

Annilet F. Pingul
Primary Care Giver

4/28/2020
Date