

Foster Family Home - Corrective Action Report

Provider ID: 1-200017

Home Name: Cherry Ann Pinacate, CNA

Review ID: 1-200017-1

94-468 Kalukalu Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 5/8/2020

Foster Family Home

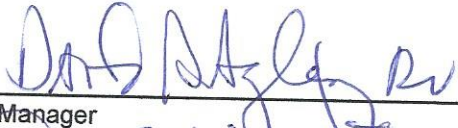
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

5/8/2020
Date

5/8/2020
Date