

Foster Family Home - Corrective Action Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-6

634 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/7/2020

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 CCFH recertification completed.

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

Maribel Nakamine, RN
Compliance Manager

Elizabeth Cabanatuan
Primary Care Giver

5/7/2020
Date

5/7/2020
Date