

Foster Family Home - Corrective Action Report

Provider ID: 1-511916

Home Name: Cecilia Naboia, CNA

98-340 Pono Street

Area

HI 96701

Review ID: 1-511916-7

Reviewer: Maribel Nakamine

Begin Date: 8/13/2020

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

8/13/2020

Date

Cecilia Naboia

Primary Care Giver

08-13-2020

Date