

Foster Family Home - Corrective Action Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-8

95-253 Hakupokano Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 9/28/2020

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

Angelina Lopez

Primary Care Giver

9/28/2020

Date

9/28/2020

Date