

Foster Family Home - Corrective Action Report

Provider ID: 1-513095

Home Name: Gina Fagaragan, CNA

Review ID: 1-513095-5

94-473 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/21/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Recertification inspection for a 2 person CCFFH completed.

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

Maribel Nakamine, RL
Compliance Manager

12/21/2020
Date

Gina Fagaragan
Primary Care Giver

12/21/2020
Date