

Foster Family Home - Corrective Action Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-6

94-344 Lehopulu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/17/2020

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Annual visit to 3 person CCFFH completed. No deficiency found.

Maribel Nakamine, RN
Compliance Manager

4/17/2020

Date

[Signature]
Primary Care Giver

4/17/2020

Date