

# Foster Family Home - Corrective Action Report

Provider ID: 1-511180

Home Name: Lellani Nagtalon, CNA  
92-638 Auwaea Street  
Kapolei HI 96707

Review ID: 1-511180-11

Reviewer: Jackie Chamberlain

Begin Date: 7/16/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN  
Compliance Manager

7/16/2020  
Date

Lellani B. Nagtalon  
Primary Care Giver

7/16/2020  
Date