

Foster Family Home - Corrective Action Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-5

94-706 Kalae Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/17/2020

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 CCFFH visit for a 3 person CCFFH completed. No deficiencies found.

Maribel Nakamine, RN
Compliance Manager

11/17/2020
Date

Angelita Takahashi
Primary Care Giver

11/17/2020
Date