

Foster Family Home - Corrective Action Report

Provider ID: 1-631524

Home Name: Araceli Navarro, CNA

1145 Eho Eho Avenue

Wahiawa HI 96786

Review ID: 1-631524-8

Reviewer: Maribel Nakamine

Begin Date: 10/21/2020

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.

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

Maribel Nakamine, RN

Compliance Manager

Date

10/21/2020

[Signature]

Primary Care Giver

Date

10.21.20