

Foster Family Home - Corrective Action Report

Provider ID: 1-560872

Home Name: Benilda Dimaya, CNA

Review ID: 1-560872-9

98-1410 A Hoonua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/29/2020

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

Maribel Nakamine, RN

Compliance Manager

Date

Benilda Dimaya

Primary Care Giver

Date

8/29/2020

8/29/2020