

# Foster Family Home - Corrective Action Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-6

823 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 1/23/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN  
Compliance Manager

Christina J. [Signature]  
Primary Care Giver

1/23/2020  
Date

01/23/2020  
Date