

Foster Family Home - Corrective Action Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-8

823 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/11/2021

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Annual inspection for a 3 person CCFFH completed.

No deficiencies found.

Maribel Nakamine, RN

Compliance Manager

Ch...

Primary Care Giver

1/11/2021

Date

1/11/2021

Date