

# Foster Family Home - Corrective Action Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-8

1103 Kahauiki Place

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/25/2020

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

9/25/2020

Date

David Yamane

Primary Care Giver

9/25/2020

Date