

# Foster Family Home - Corrective Action Report

Provider ID: 1-561870

Home Name: Gemma Alvia, CNA

Review ID: 1-561870-8

94-915 Kumuaao Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/17/2020

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 3 person CCFFH completed.

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

*Maribel Nakamine, M*

Compliance Manager

*Gemma Alvia*

Primary Care Giver

*12/17/20*

Date

*12-17-2020*

Date