

# Foster Family Home - Corrective Action Report

Provider ID: 1-512394

Home Name: Gloria Cabanero, CNA

Review ID: 1-512394-6

94-513 Alapine Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/31/2020

Foster Family Home

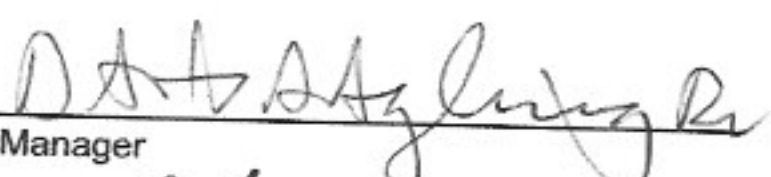
Required Certificate

[11-800-6]

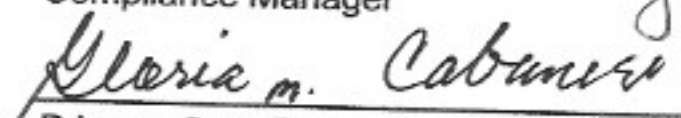
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

  
Compliance Manager

12/31/2020  
Date

  
Primary Care Giver

12/31/2020  
Date