

Foster Family Home - Corrective Action Report

Provider ID: 1-120010

Home Name: Grace Camacho, CNA

Review ID: 1-120010-10

94-728 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/19/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

CCFFH inspection for a 3 person CCFFH recertification completed.

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

Maribel Nakamine, RN

Compliance Manager

10/19/2020

Date

GRACE B. CAMACHO

Primary Care Giver

[Signature]

10/19/2020

Date