

# Foster Family Home - Corrective Action Report

Provider ID: 1-628125

Home Name: Janette Nino, CNA

Review ID: 1-628125-7

94-1235 Kahuaina Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/1/2020

Foster Family Home

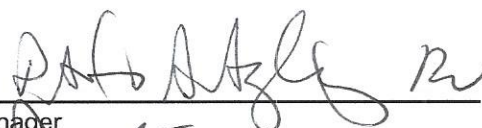
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.  
Home will receive a 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

9/1/2020  
Date

  
\_\_\_\_\_  
Primary Care Giver

09/01/2020  
Date