

Foster Family Home - Corrective Action Report

Provider ID: 1-180026

Home Name: Lisa Nabua, CNA

Address: 012 Alpine Street

Wapehu: HI 96797

Review ID: 1-180026-3

Reviewer: Pamela Perry

Begin Date: 4/21/2020

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 visit for a 3 person CCFFH recertification review made on 4/21/20. Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

4/21/20
Date

5/6/2020
Date