

Foster Family Home - Corrective Action Report

Provider ID: 1-150002

Home Name: Beatriz F. Borres, CNA

Review ID: 1-150002-9

94-418 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/21/2021

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

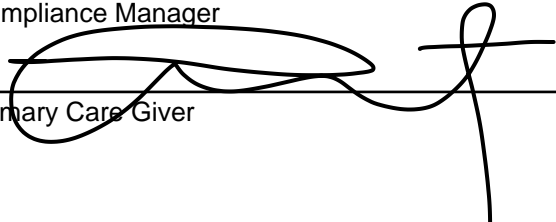
Unannounced recertification inspection for a 3 person CCFFH completed.

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

Maribel Nakamine, RM *5/21/2021*

Compliance Manager

Date


Primary Care Giver

5/21/21
Date