

Foster Family Home - Corrective Action Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-9

94-1215 Kahuaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/9/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

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

Maribel Nakamine, RN 3/9/2021

Compliance Manager

Date

[Signature]

3/9/2021

Primary Care Giver

Date