

Foster Family Home - Corrective Action Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-9

94-384 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/15/2021

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 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

Maribel Nakamine, RN 6/15/2021
Compliance Manager Date
CD Rubin 6/15/2021
Primary Care Giver Date