

# Foster Family Home - Corrective Action Report

Provider ID: 1-613415

Home Name: Elizabeth Cabanatuan, CNA

Review ID: 1-613415-8

634 Kulia Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 5/19/2021

Foster Family Home

Required Certificate

[11-800-6]

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

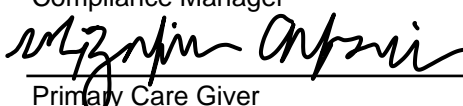
Comment:

Unannounced annual inspection for a 2 person CCFFH completed. No deficiencies found.



Compliance Manager

Date



Primary Care Giver

Date

5/19/2021

5/19/21