

Foster Family Home - Corrective Action Report

Provider ID: 1-559221

Home Name: Elizabeth Catalan, CNA

Review ID: 1-559221-8

94-602 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/26/2021

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 2 person CCFFH completed.

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

Maribel Nakamine, RN 2/26/2021
Compliance Manager Date
Elizabeth Catalan 2/26/2021
Primary Care Giver Date