

# Foster Family Home - Corrective Action Report

Provider ID: 1-511867

Home Name: Emily Saturnino, CNA

Review ID: 1-511867-9

1214 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 5/11/2021

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, M 5/11/2021  
Compliance Manager Date  
Quinn Min 5/11/2021  
Primary Care Giver Date