

# Foster Family Home - Corrective Action Report

Provider ID: 1-190015

Home Name: Estrella Wolfe, RN

Review ID: 1-190015-4

95-306 Auhaele Place

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 4/14/2021

**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.

*Maribel Nakamine, RN*      *4/14/2021*

Compliance Manager

Date

*Estrella B. Wolfe*

*4/14/2021*

Primary Care Giver

Date