

# Foster Family Home - Corrective Action Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

Review ID: 1-562810-8

94-959 Lumimoe 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

*Evelyn Mar*

Primary Care Giver

*6/15/2021*

Date