

Foster Family Home - Corrective Action Report

Provider ID: 1-512310

Home Name: Grace Constantino-Reyes,
CNA

Review ID: 1-512310-9

94-586 Palai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/9/2021

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 3 person CCFFH completed.

No deficiencies found.

Maribel Nakamine, RN 6/9/2021
Compliance Manager Date
[Signature] 6/9/2021
Primary Care Giver Date