

# Foster Family Home - Corrective Action Report

Provider ID: 1-170028

Home Name: Jenelyn Laforga, CNA

Review ID: 1-170028-6

94-502 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/18/2021

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

Unannounced recertification completed for a 2 person CCFFH.

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

*Maribel Nakamine, PC*      *3/18/2021*

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

*Jenelyn Laforga*  
\_\_\_\_\_  
Primary Care Giver

*3/18/2021*

\_\_\_\_\_  
Date