

Foster Family Home - Corrective Action Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

Review ID: 1-160027-7

94-823 Lumikuke Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/10/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Recertification inspection for a 2 person CCFFH completed.

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

Maribel Nakamine, M 2/10/2021

Compliance Manager

Date

Jamie

Primary Care Giver

2/10/2021

Date