

# Foster Family Home - Corrective Action Report

Provider ID: 1-120024

Home Name: Judith Sanchez, CNA

Review ID: 1-120024-11

94-231 Kiaha Loop

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 recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, Rv      4/14/2021  
Compliance Manager      Date  
J Sanchez      4/14/2021  
Primary Care Giver      Date