

Foster Family Home - Corrective Action Report

Provider ID: 1-190051

Home Name: Lerisa Morales Calip, CNA

Review ID: 1-190051-4

1618 Nakula Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 5/4/2021

Foster Family Home

Required Certificate

[11-800-6]

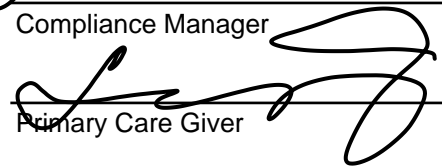
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

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


Compliance Manager Date 5/4/2021


Primary Care Giver Date 5/4/2021