

# Foster Family Home - Corrective Action Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

Review ID: 1-562315-8

94-1180 Keahua Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/25/2021

**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:

Recertification inspection for a 2 person CCFFH completed.

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

*Maribel Nakamine*      *2/25/2021*  
\_\_\_\_\_  
Compliance Manager      Date

*Lily Zafaralla*      *2/25/2021*  
\_\_\_\_\_  
Primary Care Giver      Date