

Foster Family Home - Corrective Action Report

Provider ID: 1-570219

Home Name: Mabelle Callorina, CNA

Review ID: 1-570219-8

94-708 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/22/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

No deficiencies found.

Maribel Nakamine, RN 4/22/2021
Compliance Manager Date
Walt C... 4/22/2021
Primary Care Giver Date