

Foster Family Home - Corrective Action Report

Provider ID: 1-634924

Home Name: Mae Margarette Magaoay,
CNA

Review ID: 1-634924-8

2344 Aumakua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/18/2021

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, RN 5/18/2021

Compliance Manager

Date

Mae Margarette Magaoay

5/18/2021

Primary Care Giver

Date