

# Foster Family Home - Corrective Action Report

Provider ID: 1-120048

Home Name: Maria Tabladillo, CNA

Review ID: 1-120048-10

94-483 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/16/2021

**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:

Unannounced recertification inspection for a 2 person CCFFH completed.

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

Maribel Nakamine, MSW      6/16/2021

Compliance Manager

Date

Maria Tabladillo

Primary Care Giver

6/16/21

Date