

# Foster Family Home - Corrective Action Report

Provider ID: 1-210036

Home Name: Maricel Corpuz, CNA

Review ID: 1-210036-1

94-972 Lumiloke Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 5/5/2021

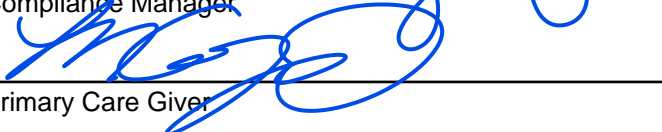
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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


Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date