

# Foster Family Home - Corrective Action Report

Provider ID: 1-510893

Home Name: Mariquit Delong, CNA

Review ID: 1-510893-8

94-402 Opeha Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/20/2021

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* 4/20/21

Compliance Manager

Date

*[Signature]*  
Primary Care Giver

Date

4/20/21