

Foster Family Home - Corrective Action Report

Provider ID: 1-599045

Home Name: Minerva Cabang, CNA

Review ID: 1-599045-9

94-386 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/21/2021

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, MA 5/21/2021
Compliance Manager Date

Minerva Cabang 5/21/2021
Primary Care Giver Date