

Foster Family Home - Corrective Action Report

Provider ID: 1-210032

Home Name: Nanette Castro, NA

Review ID: 1-210032-1

1685-A Kino Street

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 4/15/2021

Foster Family Home


Required Certificate


[11-800-6]

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

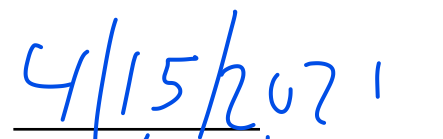
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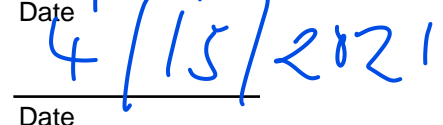
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager


Primary Care Giver



Date


Date