

Foster Family Home - Corrective Action Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-9

94-858 Lumihoahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/9/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, 3/9/2021
Compliance Manager Date

[Signature] 3/9/21
Primary Care Giver Date