

# Foster Family Home - Corrective Action Report

Provider ID: 1-170027

Home Name: Roxanne Medrano, CNA

Review ID: 1-170027-7

94-572 Pilimai Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/18/2021

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, RN* 3/18/2021

Compliance Manager

*Roxanne Medrano* 3/18/2021

Primary Care Giver

Date