

# Foster Family Home - Corrective Action Report

Provider ID: 1-634396

Home Name: Adela R. Corpuz, CNA

Review ID: 1-634396-12

94-252 Kipou Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/30/2021

**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.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RN      6/30/2021  
Compliance Manager      Date

Adela Corpuz      6/30/2021  
Primary Care Giver      Date