

# Foster Family Home - Corrective Action Report

Provider ID: 1-562711

Home Name: Eulalio Nana, CNA

Review ID: 1-562711-9

94-520 Apii Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/2/2021

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. No deficiencies found.

  
Compliance Manager  
  
Primary Care Giver

Date 7/2/2021  
  
Date