

Foster Family Home - Corrective Action Report

Provider ID: 1-562844

Home Name: Evangeline Billena, CNA

Review ID: 1-562844-8

94-404 Kuahui 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

JJD S/G 40 EVANGELINE 6/30/2021
Primary Care Giver Date

Billena

PCG