

Foster Family Home - Corrective Action Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-8

94-344 Lehopulu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/14/2021

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.

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

Maribel Nakamine, RN 1/14/2021

Compliance Manager

Date

[Signature]

Primary Care Giver

1/14/2021

Date