

Foster Family Home - Corrective Action Report

Provider ID: 1-510140

Home Name: Lucrecia Pastor, CNA

Review ID: 1-510140-10

94-392 Haa'a Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/25/2021

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 CCFH completed.

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

Maribel Nakamine, RN
Compliance Manager

Lucrecia Pastor
Primary Care Giver

1/25/2021
Date

1/25/2021
Date