

Foster Family Home - Corrective Action Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

94-829 Kime Street

Waipahu

HI 96797

Review ID: 1-562240-9

Reviewer: Maribel Nakamine

Begin Date: 1/19/2021

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, RM

Compliance Manager

Marlin Reynon

Primary Care Giver

1/19/2021

Date

1/19/2021

Date