

# Foster Family Home - Corrective Action Report

Provider ID: 1-587686

Home Name: Gladys Asuncion, CNA

Review ID: 1-587686-7

91-1066 Opaehuna St.

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 9/15/2015

End Date: 9/15/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 9/15/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[REDACTED]  
Compliance Manager

*Gladys Asuncion*  
Primary Care Giver

*RW*

9/15/15  
Date

9-15-15  
Date