

# Foster Family Home - Corrective Action Report

Provider ID: 1-130013

Home Name: Glenda Garcia, RN

Review ID: 1-130013-3

94-264 Puamano Place

Reviewer:

Waipahu HI 96797

Begin Date: 3/31/2015

End Date: 3/31/15

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 2 person recertification review made on 3/31/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date