

Foster Family Home - Corrective Action Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

94-095 Hulahe Street

Waipahu

HI 96797

Review ID: 1-559346-4

Reviewer:

Begin Date: 8/31/2015

End Date:

8/31/15

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 3 person recertification review made on 8/31/15.
No corrective action plan issued during visit. Caregiver will received a 2 year



Compliance Manager

Marina Gamatero

Primary Care Giver

8/31/15
Date

Date