

Foster Family Home - Corrective Action Report

Provider ID: 1-588999

Home Name: May Ganton, CNA

Review ID: 1-588999-3

94-638 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/28/2015

End Date: 7/28/2015

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 7/28/15.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

May Ganton

Primary Care Giver

RW

Date

7/28/15

Date

7/28/15