

# Foster Family Home - Corrective Action Report

Provider ID: 1-511809

Home Name: Vicky Gonzales, CNA

Review ID: 1-511809-3

91-918 Ahona Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 7/28/2015

End Date: 7/31/15

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 7/28/15. No Corrective Action Report issued during home visit. Client will receive a 2 year recertification.



Primary Care Giver

Date

Date