

Foster Family Home - Corrective Action Report

Provider ID: 1-622466

Home Name: Arlene Gamboa, CNA

Review ID: 1-622466-2

2001 Uhu Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/18/2015

End Date:

5/18/15

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 5/18/15.
Home will receive a 2 year 2 bed certification.

CURRENTLY HAS NO PATIENTS.



Compliance Manager

Arlene D. Gamboa
Primary Care Giver

Date

5/18/15

Date

5/18/15