

# Foster Family Home - Corrective Action Report

Provider ID: 1-150002

Home Name: Beatriz F. Camat, CNA

1137 Ihi Ihi Avenue

Wahiawa HI 96786

Review ID: 1-150002-1

Reviewer: [REDACTED]

Begin Date: 2/4/2015

End Date: 2/4/15

**Foster Family Home Required Certificate [17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) see applicable sections of this review

Home visit made for 2 bed initial certification on 2/04/15. All requirements met at time of visit.

[REDACTED]  
Compliance Manager

Beatriz F. Camat

Primary Care Giver

2/4/15

Date

2/4/15

Date