

Foster Family Home - Corrective Action Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-4

1208 Neal Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 11/24/2015

End Date: 11/24/15

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 11/24/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

Primary Care Giver

11/24/15
Date

11/24/15
Date