

Foster Family Home - Corrective Action Report

Provider ID: 1-625262

Home Name: Charitie Gamiao, CNA

91-1076 Kuhina Street

Ewa Beach HI 96706

Review ID: 1-625262-3

Reviewer: [REDACTED]

Begin Date: 2/18/2015

End Date: 2/18/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)

Review for recertification. All items present at time of review.

[REDACTED]

Compliance Manager

Charitie Gamiao
Primary Care Giver



2/18/15
Date

02.18.2015
Date