

# Foster Family Home - Corrective Action Report

Provider ID: 1-562381

Home Name: Eugene Ganir, CNA

Review ID: 1-562381-3

1527 Meyers Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/12/2015

End Date: *5/12/15*

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 5/12/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.



Compliance Manager

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*5/12/15*  
\_\_\_\_\_  
Date

*5/12/15*  
\_\_\_\_\_  
Date