

Foster Family Home - Corrective Action Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA

1940 Kalihi Street

Honolulu HI 96819

Review ID: 1-110062-8

Reviewer:

Begin Date: 9/3/2015

End Date: 9/3/15

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

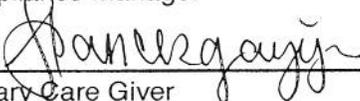
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 9/3/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver



9/3/15
Date

9/3/15
Date