

Foster Family Home - Corrective Action Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

94-780 Koniaka Place

Waipahu HI 96797

Review ID: 1-513011-3

Reviewer:

Begin Date: 11/25/2015

End Date: 11/25/15

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 11/25/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager

Lilia Galutira

Primary Care Giver

11/25/15
Date

11/25/15
Date