

Foster Family Home - Corrective Action Report

Provider ID: 1-120078

Home Name: Liana Giffard, CNA

94-326 Hene Street

Waipahu HI 96797

Review ID: 1-120078-4

Reviewer: [REDACTED]

Begin Date: 02/11/2015

End Date:

02/11/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit to 2 client home for recertification on 2/11/15. All requirements met at time of review. PCG eligible for 2 year certification.

Joan Seelover MSN
Compliance Manager

Liana Giffard
Primary Care Giver

2/11/15
Date

2/11/2015
Date