Foster Family Home - Corrective Action Report

ovider ID: 1-100107

me Name: Mariefe Galvez, RN

Review ID: 1-100107-3

61 Ahaiki Street

Reviewer:

arl City HI 96782

Begin Date: 10/27/2015

End Date: 10/10/2015

ster Family Home **Required Certificate** **[17-1454-6]**

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

mment:

d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed rtification.

Compliance Manager

10/27/2015
Date

Mariefe Galvez
Primary Care Giver

10/27/2015
Date