

Foster Family Home - Corrective Action Report

Provider ID: 2-582769

Home Name: Marisol Galzote, CNA

1506 Mailani Street

Hilo

HI 96720

Review ID: 2-582769-3

Reviewer:

Begin Date: 5/28/2015

End Date:

5/28/15

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

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

Comment:

Home visit made to survey for recertification. Home in compliance on day of survey. Home will be recertified for three clients for two years.

Compliance Manager

Marisol Galzote

Primary Care Giver

5-28-15

Date

5/28/15

Date