

Foster Family Home - Corrective Action Report

Provider ID: 1-572538

Home Name: Nenita Gouveia, CNA

94-573 Kahuanani Street

Waipahu HI 96797

Review ID: 1-572538-4

Reviewer: [REDACTED]

Begin Date: 2/11/2015

End Date: 2/11/15

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

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

Comment:

Home visit for recertification of 3 bed home on 2/11/15. All requirements met at time of review.

[REDACTED]
Compliance Manager

Nenita L. Gouveia

Primary Care Giver

2/11/15
Date

2/11/2015

Date