

Foster Family Home - Corrective Action Report

Provider ID: 1-617912

Home Name: Raymond Garcia, RN

Review ID: 1-617912-6

99-230 Ohenana Lp

Reviewer:

Aiea HI 96701

Begin Date: 12/31/2015

End Date: 12/31/15

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 2 person recertification review made on 12/31/15. PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

T. R. CURN
Primary Care Giver

12/31/15
Date

31 DEC 2015
Date