

# Foster Family Home - Corrective Action Report

Provider ID: 1-140048

Home Name: Adriana Pintor, CNA

Review ID: 1-140048-2

1521 Gulick Avenue

Reviewer:

Honolulu

HI 96819

Begin Date: 6/1/2015

End Date:

6/1/15

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 6/1/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

*Adriana Pintor*  
\_\_\_\_\_  
Primary Care Giver

6/1/15  
Date

6/1/15  
Date