

Foster Family Home - Corrective Action Report

Provider ID: 1-100060	Review ID: 1-100060-3
Home Name: Christine Medrano-Gampayon, CNA	Reviewer:
23 Ihi Ihi Avenue	Begin Date: 2/1/2016
ahiawa HI 96786	End Date: 2/1/2016

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

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

Comment:

Home survey for recertification of three client CCFFH conducted 2/1/16. All requirements met at the time of the review. Two year certification issued.

 Compliance Manager
Christine J. Medrano-Gampayon
 Primary Care Giver

2/2/2016
 Date
02/02/16
 Date