

# Foster Family Home - Corrective Action Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

Review ID: 1-585581-4

86-182 Moelua Street

Reviewer:

Waianae HI 96792

Begin Date: 2/17/2016

End Date: 2/17/16

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 3 person recertification review made on 2/17/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

*Lucita B. Galano*

Primary Care Giver

Date

*2/17/16*

Date