

Foster Family Home - Corrective Action Report

Provider ID: 1-160057

Home Name: Nadine Ganir

Review ID: 1-160057-1

94-1257 Kahuaia St

Reviewer:

Waipahu HI 96797

Begin Date: 8/16/2016

End Date: 8/16/16

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

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

Comment:

Home visit on 8/16/16 for initial certification review of 2 bed home. All requirements met at time of review. Home eligible for 1 year 2 bed certificate.

Compliance Manager

Primary Care Giver

Date

Date