

**Foster Family Home Corrective Action Report**

Provider ID: 1-628175

Home Name: Natividad Ganai, CNA

Review ID: 1-628175-3

94-1104 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/18/2016

End Date: 7/18/16

**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 [REDACTED]

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.