

Foster Family Home - Corrective Action Report

Provider ID: 1-596447

Home Name: Rose Galiza, CNA

91-850 Kekakia Place

Ewa Beach HI 96706

Review ID: 1-596447-3

Reviewer:

Begin Date: 3/28/2016

End Date: 3/28/16

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.

Compliance Manager

Don Maliga

Primary Care Giver

Date

3/28/16

Date