

# Foster Family Home - Corrective Action Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-1

37 Cypress Ave, #37A

Reviewer:

Wahiawa HI 96786

Begin Date: 7/12/2016

End Date: 7/12/16

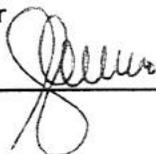
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit [REDACTED] for initial certification review of 2 bed home. All requirements met at time of review. Eligible for 1 year 2 bed certificate.

Compliance Manager



Primary Care Giver

Date

7-12-16

Date