

# Foster Family Home - Corrective Action Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-4

91-1154 Hanaloa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/7/2016

End Date: 10/10/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 10/7/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

*Liza Gozum*  
Primary Care Giver

Date

*10/7/16*  
Date