

Foster Family Home - Corrective Action Report

Provider ID: 1-512063

Home Name: Teresita Gaoiran, CNA

Review ID: 1-512063-4

56-378 Huehu Street

Reviewer:

Kahuku HI 96731

Begin Date: 10/7/2016

End Date: 10/17/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit on 10/7/16 for recertification review of 2 bed home. All requirements met at time of review. Home eligible for 2 year 2 bed certificate.

Compliance Manager

Teresita C. Gaoiran

Primary Care Giver

Date

Date