

Foster Family Home - Corrective Action Report

Provider ID: 1-561870

Home Name: Gemma Alvia, CNA

Review ID: 1-561870-5

94-915 Kumuaao Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/7/2016

End Date: 12/7/16

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/7/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Gemma Alvia

Primary Care Giver

Date

12-7-16

Date