

Foster Family Home - Corrective Action Report

Provider ID: 1-617912

Home Name: Raymond Garcia, RN

Review ID: 1-617912-7

99-230 Ohenana Lp

Reviewer:

Aiea HI 96701

Begin Date: 1/3/2017

End Date: 1/3/17

~~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 CCFFH recertification review made on 1/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

T. Garcia RN

Primary Care Giver

Date

03 JAN 17

Date