

Foster Family Home - Corrective Action Report

Provider ID: 1-625262

Home Name: Charitie Gamiao, CNA

Review ID: 1-625262-4

91-1076 Kuhina Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/3/2017

End Date: 2/3/17


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 2/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date