

# Foster Family Home - Corrective Action Report

Provider ID: 1-512906

Home Name: Belinda Galinato, LPN

Review ID: 1-512906-4

94-653 Kupuna Loop

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 7/17/2017

End Date:

7/23/2017

Foster Family Home


Required Certificate

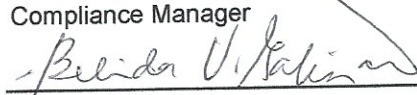
[17-1454-6]

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 7/17/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

7/17/2017  
Date

7/17/17  
Date