

# Foster Family Home - Corrective Action Report

Provider ID: 1-110071

Home Name: Cynthia Gima, CNA

Review ID: 1-110071-6

1320 Anapa Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 7/24/2017

End Date:

7/24/17

Foster Family Home

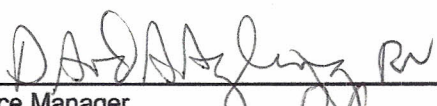
Required Certificate

[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 7/24/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date