

# Foster Family Home - Corrective Action Report

Provider ID: 1-591265

Home Name: Estela Galera, CNA

Review ID: 1-591265-5

91-1530 Kaikoi Place

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 10/13/2017

End Date: 10/14/2017

Foster Family Home

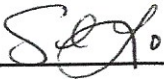
Required Certificate

[17-1454-6]


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

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

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

10/13/17  
Date

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

10/13/17  
Date