

Foster Family Home - Corrective Action Report

Provider ID: 1-100107

Home Name: Mariefe Galvez, RN

Review ID: 1-100107-4

2361 Ahaiki Street

Reviewer: Sue Lo

Pearl City HI 96782

Begin Date: 10/2/2017

End Date: 10/6/2017

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 3 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 3 bed certification.

SLo
Compliance Manager

10/2/2017
Date

Mariefe Galvez
Primary Care Giver

10/2/17
Date