

# Foster Family Home - Corrective Action Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

Review ID: 1-513011-4

94-780 Koniaka Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/16/2017

End Date: 11/16/17

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 11/16/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling  
Compliance Manager

11/16/17  
Date

Lilia Galutira  
Primary Care Giver

11/16/17  
Date