

Foster Family Home - Corrective Action Report

Provider ID: 1-100060

Home Name: Christine Medrano-Gampayon, CNA

Review ID: 1-100060-4

823 Ihi Ihi Avenue

Reviewer: Sue Lo

Wahiawa

HI 96786

Begin Date: 1/12/2018

End Date: 1/16/2018


Foster Family Home Required Certificate

[17-1454-6]

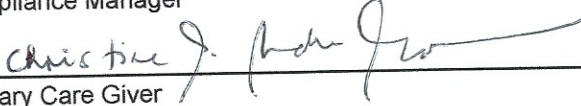
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



Compliance Manager



Primary Care Giver



Date



Date