

Foster Family Home - Corrective Action Report

Provider ID: 1-572538

Home Name: Nenita Gouveia, CNA

Review ID: 1-572538-6

94-573 Kahuanani Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 2/6/2018

End Date: 2/9/2018

Foster Family Home


Required Certificate

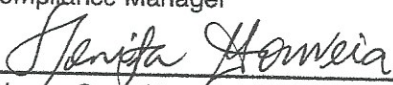
[17-1454-6]

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

2/6/2018
Date

2/6/2018
Date