

Foster Family Home - Corrective Action Report

Provider ID: 1-170046

Home Name: Brigeth Gamiao, CNA

Review ID: 1-170046-2

94-1288 Kahuanui Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/29/2018

End Date: 6/30/2018

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 2 client CCFFH recertification survey. Home is in compliance with all requirements. No corrective action required.

Carrie Wakai RN
Compliance Manager

[Signature]
Primary Care Giver

6/29/18
Date

6/29/2018
Date