

Foster Family Home - Corrective Action Report

Provider ID: 1-511809

Home Name: Vicky Gonzales, CNA

Review ID: 1-511809-5

91-918 Ahona Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 8/6/2018

End Date: 8/6/18

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 8/6/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

David A. Ayling

Primary Care Giver

[Signature]

Date

8/6/18

Date

8/6/18