

# Foster Family Home - Corrective Action Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA

91-1082-A Kauiki Street

Ewa Beach HI 96706

Review ID: 1-090104-5

Reviewer: David Ayling

Begin Date: 8/29/2018

End Date: 8/29/18

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 2 person CCFFH recertification review made on 8/29/18.

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

\_\_\_\_\_  
Compliance Manager

*David Ayling*

\_\_\_\_\_  
Date

*8/29/18*

\_\_\_\_\_  
Primary Care Giver

*J. Gamiao*

\_\_\_\_\_  
Date

*8/29/18*