

# Foster Family Home - Corrective Action Report

Provider ID: 1-170063

Home Name: Giliane Dupra, NA

Review ID: 1-170063-2

94-437 Hiapaiole loop

Reviewer: Angelica Galindo

Wiapahu HI 96797

Begin Date: 10/25/2018

End Date:

10/25/18

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 10/25/18.

6.(d)(1) - Home is in compliance with all requirements.

Angelica Galindo, RN  
Compliance Manager

gdupra  
Primary Care Giver

10/25/18  
Date

10/25/18  
Date