

Foster Family Home - Corrective Action Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-7

91-107 Haiea Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/3/2019


Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

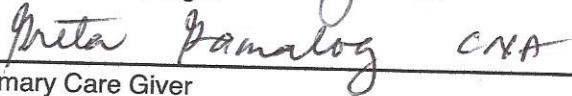
Comment:

Home visit for a 3 person CCFFH recertification review made on 1/3/19.

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



Compliance Manager



Primary Care Giver

1/3/19
Date

1/3/19
Date