Foster Family Home - Corrective Action Report

Provider ID: **1-625262**

Home Name: **Charitie Gamiao, CNA** **Review ID:** **1-625262-6**

99-314 A Eke Place Reviewer: David Ayling

Aiea HI 96701 Begin Date: 2/12/2019

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 2/12/19.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager — Date 2/12/19

Primary Care Giver — Date 2.12.19

2/13/2019 6:08 AM