

Foster Family Home - Corrective Action Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

Review ID: 1-585581-7

86-182 Moelua Street

reviewer: David Ayling

Waianae

HI 96792

Begin Date: 2/19/2020

Foster Family Home

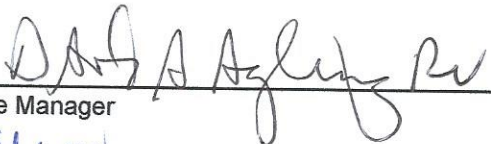
Required Certificate

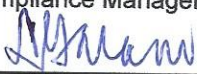
[11-800-6]

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

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver

2/18/20
Date

2/18/20
Date