

Foster Family Home - Corrective Action Report

Provider ID: 1-512906

Home Name: Belinda Galinato, LPN

Review ID: 1-512906-7

94-653 Kupuna Loop

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/23/2020

Foster Family Home

Required Certificate

[11-800-6]

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

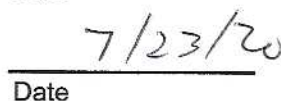
Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.
Home is in compliance with all reviewed HARS


Compliance Manager


Primary Care Giver


Date


Date