

Foster Family Home - Corrective Action Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-7

1854 Kamehameha IV Road

Reviewer: Terri Van Houten

Honolulu HI 96819

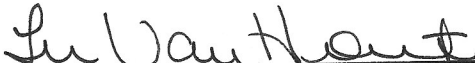
Begin Date: 12/2/2020

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

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

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

12/4/20

Date



Primary Care Giver

12/4/20

Date