

Foster Family Home - Corrective Action Report

Provider ID: 1-623472

Home Name: Vivian Gamiao, CNA

Review ID: 1-623472-8

91-1092 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/7/2021

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


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

Comment:

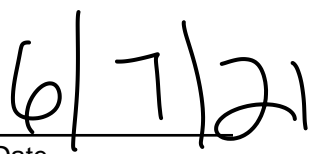
6(d)(1) CCFFH inspection made for a 3 bed annual inspection.
No corrective action required



Compliance Manager



Primary Care Giver



Date



Date