

Foster Family Home - Corrective Action Report

Provider ID: 2-200076

Home Name: Maribeth Galamay, CNA

Review ID: 2-200076-1

317 Iliahi Street

Reviewer: Terri Van Houten

Hilo HI 96720

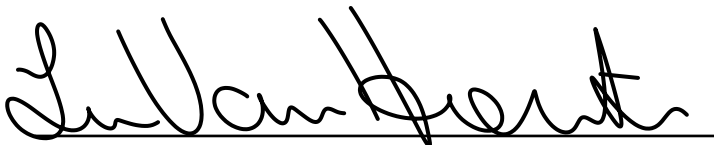
Begin Date: 6/24/2021


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

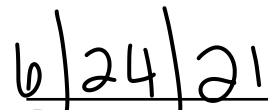
6.(d)(1) Comply with all applicable requirements in this chapter; and

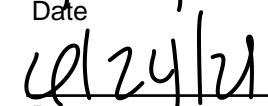
Comment:

6.(d)(1) – Home inspection made for a new 2 bed CCFFH certification. Home met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager


Primary Care Giver


Date


Date