

# Foster Family Home - Corrective Action Report

Provider ID: 1-150011

Home Name: Anupama Afu, NA

Review ID: 1-150011-1

86-411 Popohau Place

Reviewer: [REDACTED]

Waianae HI 96792

Begin Date: 3/19/2015

End Date: 3/19/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home.  
All requirements met at time of review.  
Eligible for 1 year 2 bed certificate.

[REDACTED]  
Compliance Manager

*Anupama Afu*  
Primary Care Giver

*KN*  
*MSJ*  
Date

*3/19/15*  
Date