

Foster Family Home - Corrective Action Report

Provider ID: 1-100081

Home Name: Elena Sarte, CNA

94-131 Awaia Street

Waipahu HI 96797

Review ID: 1-100081-2

Reviewer: ~~XXXXXXXXXX~~

Begin Date: 6/5/2015

End Date: 6/5/15

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

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

Comment:

Home visit for recertification of 2 bed home on 6/5/2015. All requirements met at time of review.

~~XXXXXXXXXX~~ msN
Compliance Manager

6/5/15
Date

E. Sarte
Primary Care Giver

6/5/15
Date