

# Foster Family Home - Corrective Action Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

91-1022 Laulauna St. #5B

Ewa Beach HI 96706

Review ID: 1-150042-1

Reviewer: [REDACTED]

Begin Date: 9/11/2015

End Date:

9/11/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 9/11/15 for initial certification of 1 bed Home. All requirements met at time of review. Home eligible for 1 bed 1 year certification.

[REDACTED]  
Compliance Manager

[REDACTED]  
Primary Care Giver

ERMSW

9/11/15  
Date

9/11/15  
Date