

Foster Family Home - Corrective Action Report

Provider ID: 1-150046

Home Name: Lilia Basilio, CNA

94-116 Haaa St.

Waipahu HI 96797

Review ID: 1-150046-1

Reviewer: [REDACTED]

Begin Date: 9/23/2015

End Date:

9/23/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 2/23/15 for initial certification of 2 bed home. All requirements met at time of review. Eligible for 1 year 2 bed home.

[REDACTED]

Compliance Manager

Lilia Basilio

Primary Care Giver

[REDACTED] NSN

9/23/15

Date

9/23/15

Date