

Foster Family Home - Corrective Action Report

Provider ID: 4-560088

Home Name: Manuel Salazar, NA

761 Aukai Street

Wailuku HI 96793

Review ID: 4-560088-4

Reviewer: [REDACTED]

Begin Date: 8/26/2015

End Date: 8/26/15

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. All requirements met at time of review. Home eligible for 2 year 2 bed certificate.

[REDACTED] ENMSN
Compliance Manager

[Signature]
Primary Care Giver

8/26/15
Date

8/26/15
Date