

Foster Family Home - Corrective Action Report

Provider ID: 1-140062

Home Name: Robert Phillips, NA

Review ID: 1-140062-2

1031 Ala Liliko'i Street

Reviewer: [REDACTED]

Honolulu HI 96818

Begin Date: 7/6/2015

End Date: 7/9/2015

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

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

Comment:

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

[REDACTED]

Compliance Manager

[Signature]

Primary Care Giver

7/6/2015

Date

7/6/2015

Date