Foster Family Home - Corrective Action Report

Provider ID: **1-521783**

Home Name: **Rowena Lat, CNA**

Review ID: **1-521783-3**

96-239 Waiawa Road, Apt. B

Reviewer: [redacted]

Pearl City HI 96782

Begin Date: 9/28/2015 End Date: 9/28/15

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

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

Comment:

Home visit for a 3 person recertification review made on 9/28/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[redacted] RW

Compliance Manager

9/28/15

Date

Primary Care Giver

9/28/15

Date