

Foster Family Home - Corrective Action Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-4

44-124 Mikiola Drive

Reviewer:

Kaneohe HI 96744

Begin Date: 8/17/2015

End Date: 8/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 8/17/15.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Arlene Hanks

Primary Care Giver

RW

Date

8/17/15

Date