

Foster Family Home - Corrective Action Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-4

1428 Kaumoli Place

Reviewer:

Pearl City HI 96782

Begin Date: 8/18/2015

End Date: 8/18/15

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 8/18/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Charlyne P. Menor
Primary Care Giver

Date

Date