

# Foster Family Home - Corrective Action Report

Provider ID: 5-623589

Home Name: Leonarda Batulayan, CNA

Review ID: 5-623589-5

5419 Kuapapa Street

Reviewer:

Kapaa

HI 96746

Begin Date: 3/17/2015

End Date: 3/17/15

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 2 person recertification review made on 3/17/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

*Leonarda Batulayan*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date