

Foster Family Home - Corrective Action Report

Provider ID: 1-090117

Home Name: Shevon Lamug, RN

92-409 Leiole Street

Kapolei HI 96707

Review ID: 1-090117-3

Reviewer:

Begin Date: 10/21/2015

End Date: 10/26/2015

Foster Family Home

Required Certificate

[17-1454-6]

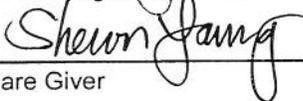
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Primary Care Giver



Date

Date

10/21/2015

10/21/2015