

Foster Family Home - Corrective Action Report

Provider ID: 1-150071

Home Name: Elena Laragan, CNA

Review ID: 1-150071-1

44-704 Puamohala St.

Reviewer:

Kaneohe HI 96744

Begin Date: 12/23/2015

End Date:

12/23/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 12/23/15 to do initial review for 2 bed home. All requirements met at time of visit. Home eligible for 1 year 2bed home.



Compliance Manager

Primary Care Giver

Date

Date

12/23/15

12/23/15