

Foster Family Home - Corrective Action Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, NA

Review ID: 1-150003-2

1703 Kamehameha IV Road

Reviewer:

Honolulu HI 96819

Begin Date: 11/6/2015

End Date: 11/6/15

Foster Family Home

Required Certificate

[17-1454-6]

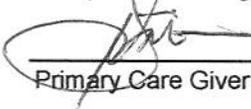
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review made on 11/6/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager



Primary Care Giver

Date

11/6/15

Date

11/6/15