

Foster Family Home - Corrective Action Report

Provider ID: 1-150003

Home Name: Emelita Laurente, NA

1703 Kamehameha IV Road

Honolulu HI 96819

Review ID: 1-150003-1

Reviewer: [REDACTED]

Begin Date: 2/5/2015

End Date:

2/5/15

Foster Family Home

Required Certificate

[17-1454-6]

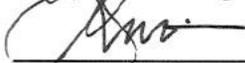
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit to 2 bed home for initial certification on 2/5/15. All requirements met at time of review. Eligible for 1 year certification.

[REDACTED]

Supervision Manager



Primary Care Giver

2/5/15

Date

2/5/15

Date