

Foster Family Home - Corrective Action Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-4

203 Plum Street

Reviewer:

Wahiawa HI 96786

Begin Date: 12/2/2015

End Date: 12/2/15

Foster Family Home

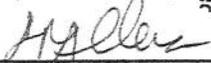
Required Certificate

[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 12/2/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

Primary Care Giver

12/2/15
Date
12/2/15
Date