

# Foster Family Home - Corrective Action Report

Provider ID: 1-150069

Home Name: Mary Lou Watanabe, RN

Review ID: 1-150069-1

85-1186 Waianae Valley Rd.

Reviewer:

Waianae HI 96792

Begin Date: 11/6/2015

End Date: 11/16/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 11/6/15 for initial review of 2 bed home. All requirements met at time of review. Home eligible for 1 year 2 bed home.



Compliance Manager

Mary Lou Watanabe

Primary Care Giver

11/6/15  
Date

11/06/15  
Date

Date