

Foster Family Home - Corrective Action Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

Review ID: 1-150073-1

94-472 Hamau St.

Reviewer:

Waipahu

HI 96797

Begin Date: 12/2/2015

End Date: 12/5/2015


Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) The NEW Home visit made on 12/2/2015 for a 2-bed certification. No corrective action report issued during the NEW Home visit.

6 (d)(1) see applicable sections of this review.


Compliance Manager


Primary Care Giver

12/2/2015
Date

12/2/2015
Date