

Foster Family Home - Corrective Action Report

Provider ID: 1-140055

Home Name: Soliel E. Blas, RN

Review ID: 1-140055-2

1727 Eluwene Street

Reviewer:

Honolulu HI 96819

Begin Date: 7/30/2015

End Date: 7/30/15

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 7/30/15.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date 7/30/15

Date 7/30/15