

Foster Family Home - Corrective Action Report

Provider ID: 1-160002

Home Name: Glenn Abara, CNA

Review ID: 1-160002-1

66-894 Paahihi St.

Reviewer:

Waialua HI 96791

Begin Date: 2/2/2016

End Date: 2/2/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home. All requirements met at time of review. Home is eligible for 1 year 2 bed certificate.

Compliance Manager

Primary Care Giver

Date

Date

2-2-16