

Foster Family Home - Corrective Action Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-2

66-992 Oliana Street

Reviewer:

Waialua HI 96791

Begin Date: 4/16/2015

End Date: 4/16/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 4/16/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

Compliance Manager

L. Sacro

Primary Care Giver

4/16/15

Date

4/16/15

Date