

Foster Family Home - Corrective Action Report

Provider ID: 1-130007

Home Name: Olivia Lewin, CNA

Review ID: 1-130007-3

92-915 Welo Street #102

Reviewer:

Kapolei

HI 96707

Begin Date: 2/17/2016

End Date: 2/17/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 2/17/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date

2/17/2016