

# Foster Family Home - Corrective Action Report

Provider ID: 1-585565

Home Name: Amely Supnet, CNA

Review ID: 1-585565-3

98-346 Ponokiwila Street

Reviewer:

Aiea HI 96701

Begin Date: 5/3/2016

End Date: 5/3/2016

**Foster Family Home**

**Required Certificate**

**[17-1454-6]**

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.