

# Foster Family Home - Corrective Action Report

Provider ID: 1-565096

Home Name: Emy Lee, CNA

94-428 Hamau Street

Waipahu

HI 96797

Review ID: 1-565096-3

Reviewer:

Begin Date: 6/17/2016

End Date: 6/17/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification review of 3 bed home. All requirements met at time of review. Home eligible for 2 year 3 bed home.