

# Foster Family Home - Corrective Action Report

Provider ID: 4-624628

Home Name: Era Luczon, CNA

Review ID: 4-624628-3

97 Hoku Puhipaka Street

Reviewer:

Kahului HI 96732

Begin Date: 6/9/2016

End Date: 6/9/16

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 [REDACTED]  
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.