

Foster Family Home - Corrective Action Report

Provider ID: 1-512782

Home Name: Eufrocina Ledda, RN

Review ID: 1-512782-4

1026 Kupau Street

Reviewer:

Kailua HI 96734

Begin Date: 8/2/2016

End Date: 8/2/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/2/16 for recertification review of 2 bed home.

All requirements in compliance at time of review. Home is eligible for 2 year 2 bed home.

Compliance Manager

Eufrocina A. Ledda

Primary Care Giver

Date

8/2/2016

Date