

Foster Family Home - Corrective Action Report

Provider ID: 1-120045

Home Name: Geovane Laya, RN

Review ID: 1-120045-4

91-1191 Kamoawa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 6/15/2016

End Date: 7/3/2016

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 [REDACTED] No corrective action required. Home is eligible for a 2 year 2-bed certification.