

Foster Family Home - Corrective Action Report

Provider ID: 1-160006

Home Name: Gerald Nakata

Review ID: 1-160006-1

91-1019 Paaoloulu Way

Reviewer:

Kapolei HI 96707

Begin Date: 3/11/2016

End Date:

3/11/16

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 initial certification review for 2 bed home. All requirements were met at time of review. Home will receive 1 year 2 bed certificate.