

Foster Family Home - Corrective Action Report

Provider ID: 1-560319

Home Name: Leila Stringer, NA

Review ID: 1-560319-3

94-332 Pauwala Pl

Reviewer:

mililani HI 96789

Begin Date: 7/22/2016

End Date: 7/25/2016

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.