

# Foster Family Home - Corrective Action Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-3

98-881 Iliee Street

Reviewer:

Aiea HI 96701

Begin Date: 4/1/2016

End Date: 4/1/16

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**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 recertification of 3 bed home. All requirements met at time of review. To receive 2 year 3 bed certificate.

**Foster Family Home Physical Environment [17-1454-48]**

48.(e)(2) Identify designated areas that may be used for purposes of smoking.

Comment:

