

# Foster Family Home - Corrective Action Report

Provider ID: 1-160053

Home Name: Sabrina Nishihara, RN

Review ID: 1-160053-1

2041 Keeaumoku St.

Reviewer:

Honolulu HI 96822

Begin Date: 7/27/2016

End Date: 7/27/16

## Foster Family Home Required Certificate

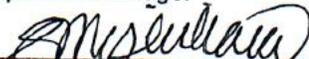
[17-1454-6]

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

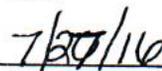
Comment:

Home visit for initial certification of 2 bed home [REDACTED] Met all requirements at time of review. Home eligible for 2 bed 1 year certificate.

Compliance Manager

  
Primary Care Giver

Date

  
Date