

Foster Family Home - Corrective Action Report

Provider ID: 1-140055

Home Name: Soliel E. Blas, RN

Review ID: 1-140055-3

1727 Eluwene Street

Reviewer:

Honolulu HI 96819

Begin Date: 6/16/2016

End Date: 6/16/16

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 recertification review of 2 bed home changing to 3 bed. All requirements met at time of review. Home to receive 1 year 3 bed certificate.

Compliance Manager

Soliel Blas

Primary Care Giver

Date

6/16/16

Date