

# Foster Family Home - Corrective Action Report

Provider ID: 1-509614

Home Name: Theresa Elgar, CNA

Review ID: 1-509614-4

1046 Ahe Ahe Avenue

Reviewer:

Wahiawa

HI 96786

Begin Date: 9/19/2016

End Date: 9/26/2016

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 made on 9/19/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

9-19-2016