

Foster Family Home - Corrective Action Report

Provider ID: 1-130060

Home Name: Lynn Ann Lau, NA

6012 Kaniela Place

Honolulu HI 96821

Review ID: 1-130060-4

Reviewer:

Begin Date: 10/12/2016

End Date:

10/12/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 10/12/2016 for recertification review of 2 bed home.
All requirements met at time of review. Home eligible for 2 year 2 bed certificate.

Compliance Manager

Primary Care Giver

Date

10-12-16

Date