

# Foster Family Home - Corrective Action Report

Provider ID: 1-160010

Home Name: Juvy Caslib, CNA

Review ID: 1-160010-2

2837 Nurnana Road

Reviewer:

Honolulu HI 96819

Begin Date: 12/21/2016

End Date: 12/22/16

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 12/21/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

*Juvy L. Caslib*  
Primary Care Giver

Date

*12/21/16*  
Date