

# Foster Family Home - Corrective Action Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-1

91-1011A Pailani St.

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/7/2017

End Date: 2/8/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1)-New Home visit made on 2/7/2017 for a 2 bed certification. Home is in compliance with all requirements and no corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

Larry Saladino, RN

Primary Care Giver

Date

2/7/17

Date