

Foster Family Home - Corrective Action Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-5

44-124 Mikiola Drive

Reviewer: Sue Lo

Kaneohe HI 96744

Begin Date: 8/1/2017

End Date: 8/4/2017

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 8/1/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Primary Care Giver

08/01/2017

Date

8/1/2017

Date