

Foster Family Home - Corrective Action Report

Provider ID: 1-150039

Home Name: Genevieve Wasson, CNA

Review ID: 1-150039-2

56-245 Huehu St.

Reviewer: Sue Lo

Kahuku HI 96731

Begin Date: 8/15/2016

End Date: 8/21/16

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 8/15/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Sue Lo
Compliance Manager

8/15/16
Date

G. Wasson
Primary Care Giver

8/15/16
Date

