

Foster Family Home - Corrective Action Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-3

66-992 Oliana Street

Reviewer: Sue Lo

Waialua HI 96791

Begin Date: 4/10/2017

End Date: 4/10/17

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 4/10/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

[Signature]

Primary Care Giver

Date

4/10/17

Date