

Foster Family Home - Corrective Action Report

Provider ID: 1-150042
Home Name: Leilanie Tanaka, NA Review ID: 1-150042-4
91-1058 Apuu St. Reviewer: David Ayling
Ewa Beach HI 96706 Begin Date: 6/9/2017 End Date: 6/9/17

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

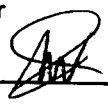
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 2 person CCFFH recertification review made on 6/9/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver



Date

6/9/17

Date