

Foster Family Home - Corrective Action Report

Provider ID: 1-090121

Home Name: Modesta Leoncio

Review ID: 1-090121

3631 Aliamanu St.

Reviewer:

Honolulu HI 96818

Begin Date: 12/4/2017

End Date: 12/4/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

DAA A Azling M

Compliance Manager

MC Swanni

Primary Care Giver

12/4/17

Date

12/4/17

Date