

Foster Family Home - Corrective Action Report

Provider ID: 1-120071

Home Name: Sam Vadisirisak

Review ID: 1-120071-5

927 B Lolena St.

Reviewer:

Honolulu HI 96817

Begin Date: 11/22/2017

End Date: 11/22/17

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.

Doreen Azley RN
Compliance Manager

11/22/17
Date

Sam Vadisirisak
Primary Care Giver

11/22/17
Date