

# Foster Family Home - Corrective Action Report

Provider ID: 5110066-

Home Name: Shallee Erorita, C NA

4011 Lawehana Street

Lehua HI 96766

Review ID: 5-110046-5

Reviewer: Sue Lo

Begin Date: 12/04/2017

End Date: 12/5/2017

Foster Family Home


Required Certificate

[17-1454-6]

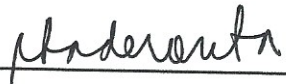
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.

  
\_\_\_\_\_  
Compliance Manager

12/4/2017  
Date

  
\_\_\_\_\_  
Primary Care Giver

12/4/17  
Date