

Foster Family Home - Corrective Action Report

Provider ID: 1-180067

Home Name: Camilo Decastro, NA

Review ID: 1-180067-1

1563 Molina Street

Reviewer: Lori O'Keefe

Honolulu

HI 96818

Begin Date: 10/12/2018

End Date:

10/12/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home inspection completed today. Home is in compliance with the requirements and is eligible for a 1 year 2 client certificate.

Lori O'Keefe

Compliance Manager

L. H. [Signature]

Primary Care Giver

10/12/18

Date

10/12/18

Date