

Foster Family Home - Corrective Action Report

Provider ID: 1-150003

Home Name: Emelita S. Laurente, NA

Review ID: 1-150003-4

1703 Kamehameha IV Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 11/2/2018

End Date:

11/08/18

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 11/02/18.

6.(d)(1) - Home in compliance with all requirements


Compliance Manager


Primary Care Giver

11/02/18
Date

11/2/18
Date