Foster Family Home - Corrective Action Report

Provider ID: **1-150071**

Home Name: **Elena Laragan, CNA**

44-704 Puamohala St.

Kaneohe HI 96744

Review ID: **1-150071-4**

Reviewer: Sue Lo

Begin Date: 11/14/2017 End Date: 12/12/2017

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 3 bed recertification requested to change to 2 bed. 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 — Date: 11/14/2017

Primary Care Giver — Date: 11/14/2017

11/15/2017 10:49 AM