

Foster Family Home - Corrective Action Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-4

66-992 Oliana Street

Reviewer: David Ayling

Waialua HI 96791

Begin Date: 4/25/2019

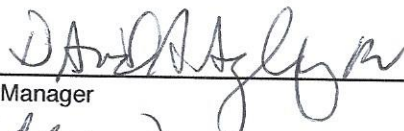
Foster Family Home Required Certificate [11-800-6]

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


Comment:

Home inspection for a 2 person CCFFH recertification made on 4/25/19.

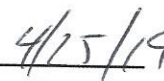
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.



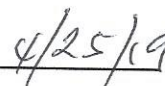
Compliance Manager



Primary Care Giver



Date



Date