

# Foster Family Home - Corrective Action Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-8

44-124 Mikiola Drive

Reviewer: Julie Hastings

Kaneohe HI 96744

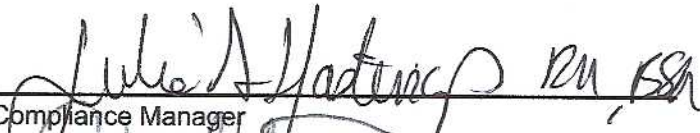
Begin Date: 7/22/2020

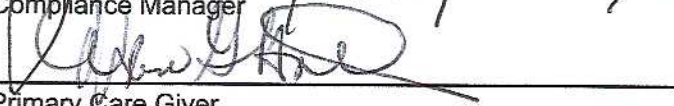
**Foster Family Home Required Certificate [11-800-6]**

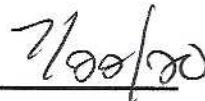
6.(d)(1) Comply with all applicable requirements in this chapter; and

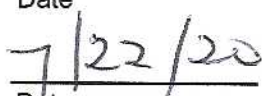
Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.  
Home is in compliance with all reviewed HARS

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date