

# Foster Family Home - Corrective Action Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

Review ID: 1-150042-8

91-1058 Apuu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/8/2021


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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

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

  
\_\_\_\_\_  
Primary Care Officer

6/8/21  
Date

6/8/21  
Date