

# Foster Family Home - Corrective Action Report

Provider ID: 1-563826

Home Name: Teresita Koh, CNA

Review ID: 1-563826-3

94-295 Kahuahele Street

Reviewer: Sunny Bach

Waipahu HI 96797

Begin Date: 1/7/2015

End Date:

1/27/15

Foster Family Home

Required Certificate

[17-1454-6]

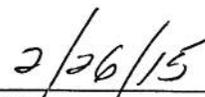
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Review for recertification. Deficiencies are listed in separate sections. All items were submitted on date of review.

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

  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date