

# Foster Family Home - Corrective Action Report

Provider ID: 1-560202

Home Name: Florencia Jose, CNA

98-153 Honomanu Street

Aiea

HI 96701

Review ID: 1-560202-2

Reviewer: [REDACTED]

Begin Date: 5/16/2015

End Date: 6/17/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

[REDACTED]  
\_\_\_\_\_  
Compliance Manager

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

6/16/2015  
Date

6/16/2015  
Date