

Foster Family Home - Corrective Action Report

Provider ID: 1-573685

Home Name: Maria Racachot, CNA

94-764 Koniaka Place

Waipahu HI 96797

Review ID: 1-573685-3

Reviewer: [REDACTED]

Begin Date: 5/12/2015

End Date: 5/12/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 5/12/15 for 2 client home recertification. All requirements met at time of review.

[REDACTED] Rhmsw
Compliance Manager

Maria Racachot

Primary Care Giver

5/12/2015
Date

5-12-2015

Date