Foster Family Home - Corrective Action Report

Provider ID: **1-512229**

Home Name: **Odette Josue, NA** **Review ID:** **1-512229-3**

1719 A Owawa Street Reviewer: [redacted]

Honolulu HI 96819 Begin Date: 9/28/2015 End Date: 9/28/15

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit for a 2 person recertification review made on 9/28/15.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[redacted]
Compliance Manager

9/28/15
Date

Odette A Josue
Primary Care Giver

9/28/15
Date