

Foster Family Home - Corrective Action Report

Provider ID: 1-150047

Home Name: Revelyn D. Jacinto, CNA

Review ID: 1-150047-1

94-913 Kahualani St.

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 9/22/2015

End Date:

9/22/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 9/22/15 for initial certification of 2 bed home. All requirements met at time of review. Home eligible for 2 bed 1 year certificate.

[REDACTED]

Ag Waiju
Primary Care Giver

1 9/22/15
Date

9/22/15
Date