

Foster Family Home - Corrective Action Report

Provider ID: 1-633744

Home Name: Aurelia Jacob, CNA

Review ID: 1-633744-3

91-1102 Kauiki Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/3/2015

End Date: 8/3/2015

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 3-bed certification.

Compliance Manager

Aurelia A. Jacob

Primary Care Giver

8/3/2015
Date

8-03-15
Date