

Foster Family Home - Corrective Action Report

Provider ID: 1-620824

Home Name: Evelyn Jornacion, CNA

Review ID: 1-620824-2

94-760 Kaaholo Street

Reviewer:

Waipahu

HI 96797

Begin Date: 3/24/2015

End Date: 3/24/15

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 3/24/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

Compliance Manager

Evelyn Jornacion

Primary Care Giver

3/24/15

Date

3-24-15

Date