

# Foster Family Home - Corrective Action Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-2

94-215 Keaukaha Place

Reviewer:

Waipahu HI 96797

Begin Date: 2/20/2015

End Date: 3/2/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)  
Review for recertification. All items present at time of review.

  
Josephine Tabucbuc  
Primary Care Giver

3/2/15  
Date  
3/2/15  
Date