

Foster Family Home - Corrective Action Report

Provider ID: 1-560806

Home Name: Juliet Taclay, CNA

Review ID: 1-560806-3

1420B Konia Street

Reviewer:

Honolulu HI 96817

Begin Date: 8/5/2015

End Date: 8/5/15

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 8/5/15.
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager
[Signature]

Primary Care Giver

8/5/15
Date

8/5/15
Date