

Foster Family Home - Corrective Action Report

Provider ID: 1-581779

Home Name: Karen Asuncion, CNA

Review ID: 1-581779-3

1815 Akina Street

Reviewer:

Honolulu HI 96819

Begin Date: 3/2/2015

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.



Compliance manager
Kasunwon
Primary Care Giver

3/2/15
Date
3/2/2015
Date

3/2/2015 18:29 PM