

Foster Family Home - Corrective Action Report

Provider ID: 1-090132

Home Name: Loreta Tabuc, CNA

Review ID: 1-090132-4

91-928 Ahona Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/28/2015

End Date: 10/28/15

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 3 person recertification review made on 10/28/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Loreta Tabuc
Primary Care Giver

10/28/15
Date

10/28/2015
Date