

Foster Family Home - Corrective Action Report

Provider ID: 1-120038

Home Name: Chun Hee Kratzke, CNA

Review ID: 1-120038-5

1453 A'alapapa Drive

Reviewer:

Kailua HI 96734

Begin Date: 9/2/2015

End Date: 9/2/15

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 9/2/15.

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

Compliance Manager



Primary Care Giver

Date

9/2/15

Date