

Foster Family Home - Corrective Action Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-3

91-804 Kauwili Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 2/23/2015

End Date: 2/23/15

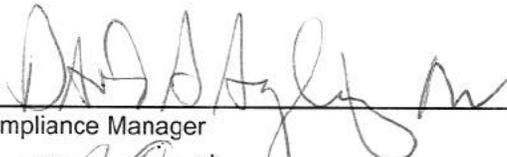
Foster Family Home Required Certificate

[17-1454-6]

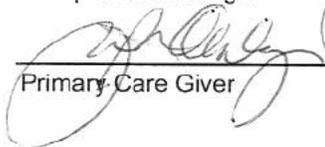
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 2/23/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

2/23/15
Date

2/23/15
Date