

Foster Family Home - Corrective Action Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

94-6264 Puka Street

Naalehu HI 96772

Review ID: 2-618936-3

Reviewer:

Begin Date: 2/17/2015

End Date:

2/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 2/17/15 to survey for recertification. Household member in compliance on day of review. Home in compliance on day of review. Home will be recertified for two years for three clients.

Carol Caplan
Compliance Manager

2/17/2015
Date

Primary Care Giver

Date