

Foster Family Home - Corrective Action Report

Provider ID: 1-090081

Home Name: Myrna Tabbay, CNA

Review ID: 1-090081-3

1853 A Makuahine Place

Reviewer: [REDACTED]

Honolulu HI 96817

Begin Date: 1/13/2015

End Date:

1/13/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit to recertify 2 bed home changing to 3 bed home on 1/13/15. All requirements met at time of visit.

[REDACTED]

Compliance Manager

Primary Care Giver

Myrna Tabbay

1/13/15
Date

1/13/15
Date