

Foster Family Home - Corrective Action Report

Provider ID: 1-140075

Home Name: Rowena Han, RN

Review ID: 1-140075-1

99-608 Honohina Street

Reviewer: [REDACTED]

Aiea HI 96701

Begin Date: 1/9/2015

End Date: 1/9/15

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 2 person certification review (New Home) made on 1/9/15. Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.

[REDACTED]
Compliance Manager

Rowena Han
Primary Care Giver

1/9/15
Date

1/9/15
Date