Foster Family Home - Corrective Action Report

Provider ID: 1-100006

Home Name: Sara Choi, CNA

Review ID: 1-100006-4

92-1135 Makamai Loop

Reviewer:

Kapolei HI 96707

Begin Date: 8/12/2015

End Date: 8/12/15

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 8/12/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

8/12/15
Date

Primary Care Giver

8/12/15
Date