

Foster Family Home - Corrective Action Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-4

94-288 Kahuanani Place

Reviewer:

Waipahu HI 96797

Begin Date: 12/9/2015

End Date:

12/9/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey performed for recertification of three client home 12/9/2015. All requirements met on date of review. Two year certification issued.

Compliance Manager

Date

Primary Care Giver

Date