

Foster Family Home - Corrective Action Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-4

1115 Kukila Place

Reviewer:

Honolulu HI 96818

Begin Date: 2/19/2016

End Date: 2/19/16

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 recertification review made on 2/19/16.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Primary Care Giver

Date
2-19-16

Date