

Foster Family Home - Corrective Action Report

Provider ID: 1-140013

Home Name: Jin-ok Ra, RN

Review ID: 1-140013-5

2019 Uhu Street

Reviewer: ~

Honolulu

HI 96819

Begin Date: 2/3/2016

End Date:

2/3/2016

Foster Family Home

Required Certificate

[17-1454-6]

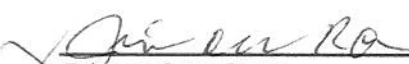
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home survey conducted for recertification of two client CCFFH 2/3/2016. All requirements met on date of review. Two year certification issued.

Compliance Manager _____

2/3/2016
Date


Primary Care Giver _____

2/3/2016
Date