

# Foster Family Home - Corrective Action Report

Provider ID: 1-620824

Home Name: Evelyn Jornacion, CNA

Review ID: 1-620824-3

94-760 Kaaholo Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/1/2016

End Date: 4/1/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification of 2 bed home changing to 3 bed. All requirements met at time of review. Home to receive 1 year 3 bed certificate.