

Foster Family Home - Corrective Action Report

Provider ID: 1-090039

Home Name: Jennifer Oguma, CNA

Review ID: 1-090039-3

94-918 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 3/21/2016

End Date: 3/29/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 2 client CCFFH [REDACTED] No corrective action report issued during recertification visit.