

Foster Family Home - Corrective Action Report

Provider ID: 1-622474

Home Name: Jhoan Acosta, CNA

Review ID: 1-622474-2

1922 Lohilani Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/12/2015

End Date: 5/12/15

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