

# Foster Family Home - Corrective Action Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-2

94-392 Kuahui St.

Reviewer:

Waipahu HI 96797

Begin Date: 8/17/2016

End Date: 8/17/16

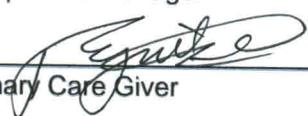
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/17/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

8/17/16  
\_\_\_\_\_  
Date