

# Foster Family Home - Corrective Action Report

Provider ID: 1-160024

Home Name: Mark Jara, CNA

Review ID: 1-160024-1

94-920 kumuao st.

Reviewer:

waipahu

HI 96797

Begin Date: 5/17/2016

End Date: 5/18/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the New Home visit [REDACTED] No corrective action required. Home is eligible for a 1 year 2-bed certification.