

Foster Family Home - Corrective Action Report

Provider ID: 1-626054

Home Name: Susan Jung, CNA

98-1558 Hoomahilu Street

Pearl City HI 96782

Review ID: 1-626054-4

Reviewer:

Begin Date: 4/4/2016

End Date: 4/11/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 3 client CCFFH [REDACTED] No corrective action report issued during review.

Compliance Manager

Primary Care Giver



Date

4/4/16

Date