

# Foster Family Home - Corrective Action Report

Provider ID: 1-140040

Home Name: Yong Suk Rho Morita, CNA

Review ID: 1-140040-3

98-1910 Kaahumanu Street  
#U

Reviewer:

Pearl City HI 96782

Begin Date: 5/16/2016

End Date: 5/19/2016

Foster Family Home

Required Certificate

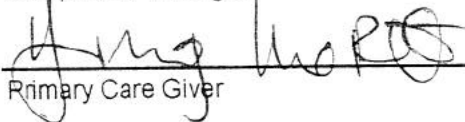
[17-1454-6]

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

Comment:

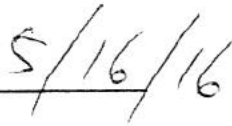
6 (d)(1) Requirements at the time of the home visit [REDACTED] for a 2-bed change to 3-bed certification. No corrective action required. Home is eligible for a 1 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date



Date

5/16/2016 19:26 PM