

# Foster Family Home - Corrective Action Report

Provider ID: 1-090081

Home Name: Myrna Tabbay, CNA

Review ID: 1-090081-5

1853 A Makuahine Place

Reviewer:

Honolulu HI 96817

Begin Date: 10/12/2016

End Date: 10/12/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 10/12/16 for recertification review of 3 bed home. All requirements in compliance at time of review. Home eligible for 2 year 3 bed certificate.

Compliance Manager

*Myrna Tabbay*

Primary Care Giver

Date

10/12/16

Date