

# Foster Family Home - Corrective Action Report

Provider ID: 1-563826

Home Name: Teresita Koh, CNA

Review ID: 1-563826-4

94-295 Kahuahale Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/5/2017

End Date: 1/5/17

Foster Family Home - Required Certificate

[1/7-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/5/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

1/5/17

Date