

Foster Family Home - Corrective Action Report

Provider ID: 2-618936

Home Name: Josephine Javar, LPN

Review ID: 2-618936-4

94-6264 Puka Street

Reviewer:

Naalehu

HI 96772

Begin Date: 2/15/2017

End Date: 2/15/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for two years recertification of three client home.

Compliance Manager

Josephine Javar
Primary Care Giver

2/15/2017
Date

2/15/2017
Date