

# Foster Family Home - Corrective Action Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-3

94-215 Keaukaha Place

Reviewer:

Waipahu

HI 96797

Begin Date: 2/13/2017

End Date:

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 made on 2/13/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

*Josephine Tabucbuc*  
Primary Care Giver

Date

*2/13/2017*  
Date

2/13/2017 15:18 PM