

Foster Family Home - Corrective Action Report

Provider ID: 1-160024

Home Name: Mark Jara, CNA

94-446 Kahualoa Place

waipahu HI 96797

Review ID: 1-160024-3

Reviewer:

Begin Date: 2/16/2017

End Date: 2/21/2017

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 2/16/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date

2/16/2017