

Foster Family Home - Corrective Action Report

Provider ID: 1-100086

Home Name: Josephine Jacinto, NA

94-479 Hiapaiole Loop

Waipahu HI 96797

Review ID: 1-100086-5

Reviewer: Carrie Wakai

Begin Date: 6/19/2017

End Date: 6/20/17

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.d.1-Home visit made for a 2 bed recertification survey. Home is in compliance with all requirements. No corrective action plan required. Home will receive a 2 bed 2 year certification.

Compliance Manager

Josephine Jacinto

Primary Care Giver

Date

6/19/17

Date