

Foster Family Home - Corrective Action Report

Provider ID: 1-633744

Home Name: Aurelia Jacob, CNA

Review ID: 1-633744-4

91-1102 Kauiki Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 8/10/2017

End Date: 8/10/2017

Foster Family Home


Required Certificate

[17-1454-6]

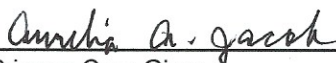
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit made on 8/10/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.



Compliance Manager



Primary Care Giver

8/10/2017
Date

8-10-17
Date