

Foster Family Home - Corrective Action Report

Provider ID: 1-560806

Home Name: Juliet Taclay, CNA

Review ID: 1-560806-4

1420B Konia Street

Reviewer: David Ayling

Honolulu HI 96817

Begin Date: 8/10/2017

End Date: 8/10/17

Foster Family Home

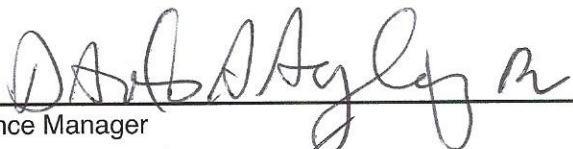
Required Certificate

[17-1454-6]

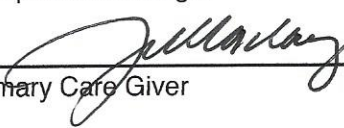
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/10/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager

8/10/17
Date


Primary Care Giver

8/10/17
Date