

Foster Family Home - Corrective Action Report

Provider ID: 1-120084

Home Name: Jeanna Mongco, CNA

Review ID: 1-120084-6

87-122A Auyong Homestead Rd.

Reviewer: Carrie Wakai

Waianae HI 96792

Begin Date: 5/29/2018

End Date: 5/29/2018

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 3 client CCFFH recertification survey. Home is in compliance with all requirements. No corrective action plan needed.

Carrie Wakai RN
Compliance Manager

J. Mongco
Primary Care Giver

5-29-18
Date

5-29-18
Date