

Foster Family Home - Corrective Action Report

Provider ID: 1-587438

Home Name: Jojie Filburn, CNA

Review ID: 1-587438-5

1486 Kohou Street

Reviewer: Angelica Galindo

Honolulu

HI 96817

Begin Date: 9/20/2018

End Date:

9/20/18

Foster Family Home

Required Certificate


[17-1454-6]

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

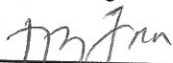
Comment:

Home visit for a 3 person CCFFH recertification review made on 9/20/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

9/20/18

Date

9/20/18

Date