

# Foster Family Home - Corrective Action Report

Provider ID: 1-561789

Home Name: Josephine Tabucbuc, CNA

Review ID: 1-561789-5

94-215 Keaukaha Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/26/2019

Foster Family Home

Required Certificate


[11-800-6]

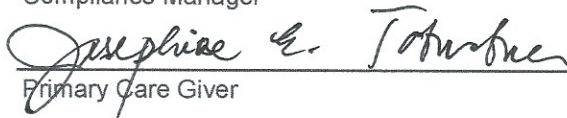
6.(d)(1) Comply with all applicable requirements in this chapter; and

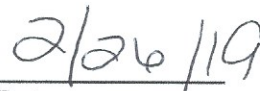
Comment:

Home inspection for a 3 person CCFFH recertification made on 2/26/2019.

6.(d)(1) - Home in compliance with all requirements

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date