

# Foster Family Home - Corrective Action Report

Provider ID: 1-190080

Home Name: Josie Taylan, CNA

Review ID: 1-190080-3

94-1035 Kuhaulua Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/23/2020

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

-----  
Comment:

6.(d)(1)- Home inspection completed for a 2 person CCFFH recertification.  
-Home is in compliance with all requirements. Home will receive a 2 bed certification.

Julie Hastings RN,BSN  
Compliance Manager

7/23/20  
Date

Josie Taylan  
Primary Care Giver

7/23/20  
Date