

# Foster Family Home - Corrective Action Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-3

94-468 Kupuna Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/16/2015

End Date: 1/16/15

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 recertification review made on 1/16/15.  
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling  
Compliance Manager

Lois [Signature]  
Primary Care Giver

1/16/15  
Date

1/16/2015  
Date