

Foster Family Home - Corrective Action Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

1902 Koa'e Place

Wailuku HI 96793

Review ID: 4-510885-3

Reviewer: [REDACTED]

Begin Date: 8/26/2015

End Date:

8/26/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 8/26/15 for recertification of 3 bed home. All requirements met at time of review. Home eligible for 2 year 3 bed certificate.

[REDACTED] RN
Compliance Manager

Genoveva N. Lagat
Primary Care Giver

8/26/15
Date

8/26/15
Date