

Foster Family Home - Corrective Action Report

Provider ID: 1-634437

Home Name: Priscilla Tagata, CNA

Review ID: 1-634437-4

99-466 Ulune Street

Reviewer: [REDACTED]

Aiea HI 96701

Begin Date: 6/30/2015

End Date: 6/30/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 6/30 for recertification of 2 bed home changing to 3 bed, All requirements met at time of review.

[REDACTED] R. N. SW

Compliance Manager

6/30/15

Date

[REDACTED]

Primary Care Giver

6/30/15

Date