

Foster Family Home - Corrective Action Report

Provider ID: 1-150059

Home Name: Reymalou R. Tagudin, NA

91-940 Hanakahi St.

Ewa Beach

HI 96706

Review ID: 1-150059-1

Reviewer: [REDACTED]

Begin Date: 10/7/2015

End Date:

10/7/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit 10/7/15 for initial certification of 2 bed home. All requirements met at time of review. Home eligible for 2bed 1 year home.

[REDACTED] RumSN
Compliance Manager

10/7/15
Date

[Signature]
Primary Care Giver

10/7/15
Date