

Foster Family Home - Corrective Action Report

Provider ID: 1-090110

Home Name: Ronnie Paguyo, CNA

1348 Gulick Avenue

Honolulu HI 96819

Review ID: 1-090110-4

Reviewer: [REDACTED]

Begin Date: 7/6/2015

End Date: 7/9/2015

Foster Family Home Required Certificate [17-1454-6]

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

Comment

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

[REDACTED]
Compliance Manager

Ronnie Paguyo
Primary Care Giver

7/6/2015
Date

7/6/15
Date