

Foster Family Home - Corrective Action Report

Provider ID: 1-614108

Home Name: Rowena Agustin, CNA

Review ID: 1-614108-3

94-363 Honowai Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 3/9/2015

End Date: 3/9/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for recertification of 3 bed home on 3/9/15. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed.

[REDACTED] RN MSN

Compliance Manager

Rowena Agustin

Primary Care Giver

3/9/15

Date

3/9/15

Date