

Foster Family Home - Corrective Action Report

Provider ID: 1-150044

Home Name: Sheryl Tagaca, CNA

708 Kalihi St.

Honolulu HI 96819

Review ID: 1-150044-1

Reviewer: [Redacted]

Begin Date: 9/8/2015

End Date: 9/8/15

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

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

Comment:

Home visit 9/8/15 for initial certification of 2 bed home. All requirements in compliance at time of review. Home eligible for 1 year 2 bed home.

[Redacted Signature] *K. M. S. D.*

Compliance Manager

Sheryl Tagaca

Primary Care Giver

9/8/15

Date

9/8/15

Date