

Foster Family Home - Corrective Action Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-5

94-430 Kahualoa Place

Reviewer:

Waipahu HI 96797

Begin Date: 10/21/2015

End Date: 10/21/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 10/21/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

10/21/15
Date

10/21/15
Date