

Foster Family Home - Corrective Action Report

Provider ID: 1-559239

Home Name: Eufemia Aguada, CNA

Review ID: 1-559239-5

94-619 Kipou Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/19/2015

End Date: 10/26/2015

Foster Family Home

Required Certificate

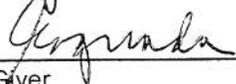
[17-1454-6]

6.(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.

Compliance Manager


Primary Care Giver

10/19/2015
Date

10-19-15
Date