

Foster Family Home - Corrective Action Report

Provider ID: 1-583246

Home Name: Rhoda Agliam, CNA

Review ID: 1-583246-5

94-396 Ha'a'a Street

Reviewer:

Waipahu

HI 96797

Begin Date: 6/16/2015

End Date: 6/16/15

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 6/16/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date