

Foster Family Home - Corrective Action Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-4

94-430 Kahualoa Place

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 1/16/2015

End Date: 1/16/15

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

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

Comment:

Home visit on 1/16/15 for recertification of 2 Bed home changing to 3 bed status. All requirements met for 3 bed home on day of review.

[REDACTED]
Compliance Manager

Date

1/16/15

[REDACTED]
Primary Care Giver

Date

1/16/15