Foster Family Home - Corrective Action Report

Provider ID:	**1-560210**				
Home Name:	**Ginalyn Paguirigan, CNA**		**Review ID:**	**1-560210-4**	
1542 Iao Lane			Reviewer:		
Honolulu	HI	96817	Begin Date:	8/7/2015	End Date: 8/7/15

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 8/7/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Date 8/7/15

Primary Care Giver

Date 8/7/15