

# Foster Family Home - Corrective Action Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-3

1483 Kalauipo Street

Reviewer:

Pearl City HI 96782

Begin Date: 7/17/2015

End Date:

7/17/15

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 2 person recertification review made on 7/17/15.

PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

7/17/15

Date

7/17/15