

Foster Family Home - Corrective Action Report

Provider ID: 1-100024

Home Name: Lauren Paguirigan, CNA

Review ID: 1-100024-4

91-140 Aipo'ola Place

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 1/23/2015

End Date: 1/23/15

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 1/23/15.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[Signature]
Compliance Manager

1/23/15
Date

[Signature]
Primary Care Giver

1/23/15
Date