Foster Family Home - Corrective Action Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

94-458 Opeha Street

Waipahu HI 96797

Review ID: 1-593196-4

Reviewer:

Begin Date: 5/8/2015

End Date: 5/8/15

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 5/8/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[redacted]

Compliance Manager

5/8/15

Date

Melita Agpaoa

Primary Care Giver

5/8/15

Date

5/8/2015 16:08 PM