

Foster Family Home - Corrective Action Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA

94-458 Opeha Street

Waipahu HI 96797

Review ID: 1-593196-5

Reviewer:

Begin Date: 1/21/2016

End Date: 1/21/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 1/21/16 to 2 bed home changing back to 3 bed home. Has been a 3 bed home in the past. All requirements for recertification of 3 bed home met at time of visit. Home is eligible for 1 year 3 bed home.

1/21/16
Date

1/21/16
Date