

# Foster Family Home - Corrective Action Report

Provider ID: 1-634437

Home Name: Priscilla Tagata, CNA

Review ID: 1-634437-3

99-466 Ulune Street

Reviewer: [REDACTED]

Aiea HI 96701

Begin Date: 1/6/2015

End Date: 1/6/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6d1:

Review for recertification. All items sent on date of review.

[REDACTED]

Compliance Manager

2/26/15  
Date

X \_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date