

# Foster Family Home - Corrective Action Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-3

99-060 Nalopaka Place

Reviewer: [REDACTED]

Aiea HI 96701

Begin Date: 1/5/2015

End Date: 1/5/15

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 1/5/15.  
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

[REDACTED]

Compliance Manager

[Signature]

Primary Care Giver

1/5/15

Date

01/05/2015

Date