

Foster Family Home - Corrective Action Report

Provider ID: 1-100035

Home Name: Mitci C. Aguinaldo, NA

Review ID: 1-100035-3

2511-D Rose Street

Reviewer:

Honolulu HI 96819

Begin Date: 1/18/2016

End Date: 1/20/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Primary Care Giver

1/18/2016
Date

01/18/2016
Date