

Foster Family Home - Corrective Action Report

Provider ID: 1-160004

Home Name: Leonida Agasid

Review ID: 1-160004-1

94-1166 Hina St

Reviewer:

Waipahu

HI 96797

Begin Date: 2/29/2016

End Date: 2/29/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 2/29/16 to new home for initial certification for 2 beds. All requirements met at time of review. Home to receive 1 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

2-29-16

Date