

Foster Family Home - Corrective Action Report

Provider ID: 1-588981

Home Name: Pauline Agluba, RN

Review ID: 1-588981-4

94-536 Niulii Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/15/2015

End Date: 5/16/2015

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 3 bed certification.

Compliance

Primary Care Giver

5/15/2015
Date

5/15/2015
Date