

Foster Family Home - Corrective Action Report

Provider ID: 1-512055

Home Name: Soledad Agabao, CNA

Review ID: 1-512055-3

2340 California Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 2/24/2016

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:

Recertification visit for 3 client CCFFH on 2/24/2016. No corrective action report issued during review.

Compliance Manager

Soledad Agabao

Primary Care Giver

2/24/16

Date

2/24/16

Date