

Foster Family Home - Corrective Action Report

Provider ID: 1-620551

Home Name: Christine Bragado, CNA

Review ID: 1-620551-6

94-917 Kuhaulua Street #A

Reviewer:

Waipahu HI 96797

Begin Date: 3/8/2016

End Date: 3/8/16

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 [REDACTED]
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.