

Foster Family Home - Corrective Action Report

Provider ID: 1-120065

Home Name: Estela Aganos, NA

Review ID: 1-120065-4

94-414 Kuahui Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/28/2016

End Date: 7/28/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit [redacted] for recertification of 2 bed home. Home is in compliance with all requirements on day of review. Home eligible for 2 year 2 bed certification

Compliance Manager



Primary Care Giver

Date

Date