

Foster Family Home - Corrective Action Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

Review ID: 1-560351-3

94-475 Hamau Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/25/2016

End Date: 8/5/16

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 made on 7/25/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Leonor Aglanao

Primary Care Giver

Date

7/25/16

Date