

Foster Family Home - Corrective Action Report

Provider ID: 1-634924

Home Name: Mae Margarette Magaoay,
CNA

Review ID: 1-634924-4

2344 Aumakua Street

Reviewer:

Pearl City HI 96782

Begin Date: 5/17/2016 End Date:

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.