

# Foster Family Home - Corrective Action Report

Provider ID: 1-586224

Home Name: Ofelia Sagucio, RN

Review ID: 1-586224-3

1721 Mahani Loop

Reviewer:

Honolulu HI 96819

Begin Date: 5/9/2016

End Date:

5/9/16

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 review of 2 bed home. All requirements met at time of review. Eligible for 2 year 2 bed certificate.