

# Foster Family Home - Corrective Action Report

Provider ID: 1-510744

Home Name: Ruthie Agbayani, CNA

Review ID: 1-510744-4

94-436 Apowale Street

Reviewer:

Waipahu

HI 96797

Begin Date: 3/10/2016

End Date: 3/10/16

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.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

3/10/16  
\_\_\_\_\_  
Date

3/10/2016  
\_\_\_\_\_  
Date