

Foster Family Home - Corrective Action Report

Provider ID: 1-120069

Home Name: Shervi Ragasa, RN

Review ID: 1-120069-5

91-1363 Wahane Street

Reviewer:

Kapolei

HI 96707

Begin Date: 4/27/2016

End Date: 4/27/16

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

Shervi Ragasa, RN

Primary Care Giver

Date

4-27-16

Date