

Foster Family Home - Corrective Action Report

Provider ID: 2-597859

Home Name: Therese Vigilla, LPN

Review ID: 2-597859-2

94-431 Kahualena St

Reviewer:

Waipahu HI 96797

Begin Date: 3/23/2016

End Date: 3/23/16

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 initial certification of 2 bed home. PCG had foster home on outer island that she closed when moving to Oahu.

All requirements met at time of review

Compliance Manager

Primary Care Giver

Date

Date

3/23/16

03-23-2016