

Foster Family Home - Corrective Action Report

Provider ID: 1-562654

Home Name: Victorina Agustin, CNA

Review ID: 1-562654-5

94-149 Mokuakaua Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/20/2016

End Date: 7/20/16

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

Victorina Agustin
Primary Care Giver

Date

7/20/16

Date