

# Foster Family Home - Corrective Action Report

Provider ID: 4-110077

Home Name: Virgencita Postrero-Ageton,  
CNA

Review ID: 4-110077-6

760 Olena Street

Reviewer:

Wailuku HI 96793

Begin Date: 4/19/2016

End Date: 4/19/16

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

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

\_\_\_\_\_  
Date

04-19-16  
\_\_\_\_\_  
Date