

# Foster Family Home - Corrective Action Report

Provider ID: 1-090098

Home Name: Raquel Lagpacan, CNA

Review ID: 1-090098-2

94-427 Kuahui Street

Reviewer:

Waipahu

HI 96797

Begin Date: 3/9/2015

End Date:

3/9/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)  
Review for recertification. All items present at time of review.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date