

# Foster Family Home - Corrective Action Report

Provider ID: 1-630550

Home Name: Mae Dawn Lagmay, CNA

Review ID: 1-630550-6

957 Peach Street

Reviewer:

Wahiawa HI 96786

Begin Date: 10/27/2016

End Date: 10/27/16

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 2 person CCFFH recertification review made on 10/27/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

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

*mslagmay*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*10/27/16*  
\_\_\_\_\_  
Date