

Foster Family Home - Corrective Action Report

Provider ID: 1-510174

Home Name: Pat Tangonan, CNA

Review ID: 1-510174-4

94-571-A Anaaina Place

Reviewer: I

Waipahu HI 96797

Begin Date: 11/23/2016

End Date: 11/23/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/23/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Pat Tangonan
Primary Care Giver

Date

11-23-16

Date