

Foster Family Home - Corrective Action Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

Review ID: 1-618788-3

3404 Likini Street

Reviewer:

Honolulu

HI 96818

Begin Date: 11/16/2016

End Date: 11/16/16

Foster Family Home Required Certificate

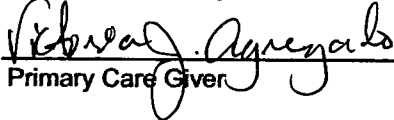
[17-1454-6]

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

Comment:

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

Compliance Manager


Primary Care Giver

Date

11-16-16

Date