

# Foster Family Home - Corrective Action Report

Provider ID: 1-160062

Home Name: Evangeline Agonias

Review ID: 1-160062-1

94-1135 Awalai St.

Reviewer:

Waipahu

HI 96797

Begin Date: 9/8/2016

End Date:

9/8/16

Foster Family Home Required Certificate

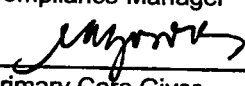
[17-1454-6]

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

Comment:

Home visit on 9/8/16 for initial certification review for 2 bed home. All requirements met at time of review. Home eligible for 2 bed 1 year certificate.

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

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

\_\_\_\_\_  
Date

9/8/16

\_\_\_\_\_  
Date