

Foster Family Home - Corrective Action Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-4

1483 Kalauipo Street

Reviewer:

Pearl City HI 96782

Begin Date: 1/4/2017

End Date: 1/5/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) Home visit made on 1/4/2017 for a 3-bed recertification. 6(d)(1) Requirements at the time of the home visit met on 1/4/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

Date

1/4/17

Date