

Foster Family Home - Corrective Action Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

Review ID: 1-562068-3

95-528 Wailoa Loop

Reviewer:

Mililani HI 96789

Begin Date: 12/19/2016

End Date: 12/19/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made for a 3 person CCFFH recertification review made on 12/19/2016.
6(d)(1)-see applicable sections of the review.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Leticia Dagulo

Primary Care Giver

Date

12/19/16

Date