

Foster Family Home - Corrective Action Report

Provider ID: 1-634437

Home Name: Priscilla Tagata, CNA

Review ID: 1-634437-5

99-466 Ulune Street

Reviewer:

Aiea HI 96701

Begin Date: 1/3/2017

End Date:

1/3/17

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 1/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date

1/3/17