

Foster Family Home - Corrective Action Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-4

94-468 Kupuna Loop

Reviewer:

Waipahu

HI 96797

Begin Date: 1/20/2017

End Date: 1/20/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 1/20/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Evangeline Dongalen

Primary Care Giver

Date

1/20/2017

Date