

# Foster Family Home - Corrective Action Report

Provider ID: 1-170002

Home Name: Rowena Agustin, CNA

Review ID: 1-170002-1

99-1164 Halawa Heights Rd.

Reviewer:

Alea HI 96701

Begin Date: 2/2/2017

End Date: 2/3/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1)-New home visit made on 2/2/17 for a 2 bed certification. Home met all compliance requirements. No corrective action required. Home is eligible for a 1 year 2 bed certification.

Compliance Manager

*Rowena Agustin*

Primary Care Giver

Date

02/02/17

Date