

Foster Family Home - Corrective Action Report

Provider ID: 1-160014

Home Name: Krystle Agaton, CNA

94-334 Pupukahi Pl

Waipahu HI 96797

Review ID: 1-160014-3

Reviewer:

Begin Date: 2/27/2017

End Date: 2/27/2017

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 2/27/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Krystle Agaton
Primary Care Giver

Date

2-27-2017

Date