

Foster Family Home - Corrective Action Report

Provider ID: 1-170023

Home Name: Keisha Fagaragan

Review ID: 1-170023-1

94-473 Kalukalu St.

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 6/2/2107

End Date: 6/2/17

Foster Family Home

Required Certificate

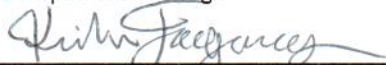
[17-1454-6]

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

Comment:

6.d.1-Home visit made for a new 2 person CCFFH certification survey. New Home is in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Compliance Manager


Primary Care Giver

Date

6/2/17

Date