

# Foster Family Home - Corrective Action Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-3

120 Kealahilani Street

Reviewer: Sue Lo

Kahului

HI 96732

Begin Date: 6/27/2017

End Date:

7/6/2017

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 6/27/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



6/27/2017

6-27-17