

# Foster Family Home - Corrective Action Report

Provider ID: 1-160023

Home Name: Josephine Agarpao, CNA

Review ID: 1-160023-2

94-1076 Awalua St

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 2/28/2017

End Date: 2/28/2017

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/28/2017.

6(d)(1)-see applicable sections of the review.

Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

  
Primary Care Giver

Date

2/28/17

Date