

# Foster Family Home - Corrective Action Report

Provider ID: 1-583246

Home Name: Rhoda Agliam, CNA

Review ID: 1-583246-6

94-396 Ha'a'a Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 6/15/2017

End Date: 6/18/2017

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 6/15/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Primary Care Giver

Date

Date

06/15/2017