

Foster Family Home - Corrective Action Report

Provider ID: 1-614108

Home Name: Rowena Agustin, CNA

Review ID: 1-614108-4

94-363 Honowai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/15/2017

End Date: 3/15/17

Foster Family Home

Required Certificate

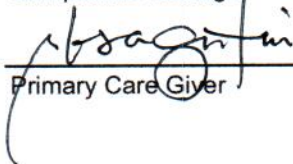
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/15/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

3/15/17

Date