

Foster Family Home - Corrective Action Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-4

1902 Koa'e Place

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 8/29/2017

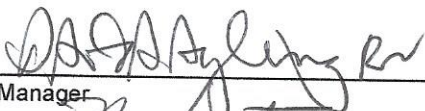
End Date: 8/29/17

Foster Family Home Required Certificate [17-1454-6]

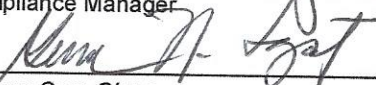
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

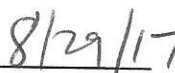
Home visit for a 3 person CCFFH recertification review made on 8/29/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.




Compliance Manager



Primary Care Giver



Date



Date