

# Foster Family Home - Corrective Action Report

Provider ID: 1-511180

Home Name: Leilani Nagtalon, CNA

94-174 Awanui St.

Waipahu

HI 96797

Review ID: 1-511180-7

Reviewer: Sue Lo

Begin Date: 8/22/2017

End Date:

8/24/2017

Foster Family Home


Required Certificate

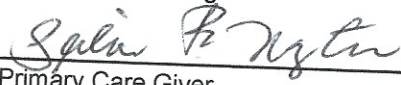
[17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

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

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

8/22/17  
Date

8/22/17  
Date