

Foster Family Home - Corrective Action Report

Provider ID: 1-513334

Home Name: Magdalena Banda, CNA

Review ID: 1-513334-4

92-669 Palailai Street

Reviewer: Sue Lo

Kapolei

HI 96707

Begin Date: 8/11/2017

End Date: 8/13/2017

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 8/11/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

SLO.
Compliance Manager

Magdalena Banda
Primary Care Giver

8/11/2017
Date

8/11/17
Date