

# Foster Family Home - Corrective Action Report

Provider ID: 1-560294

Home Name: Thelma Maglines, CNA

Review ID: 1-560294-4

94-1192 Hina Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/5/2017

End Date: 9/5/2017

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 CCFFH certification survey. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certificate.

Carrie Wakai  
Compliance Manager  
Thelma Maglines  
Primary Care Giver

9/5/17  
Date  
9/5/17  
Date