

# Foster Family Home - Corrective Action Report

Provider ID: 1-562969

Home Name: Trina Abrigo, CNA

Review ID: 1-562969-6

94-1128 Kahuahale St.

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 9/13/2017

End Date: 9/13/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6(d)(1) 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.

SLo  
Compliance Manager

9/13/2017  
Date

Crabey  
Primary Care Giver

9/13/17  
Date