

Foster Family Home - Corrective Action Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-6

94-430 Kahualoa Place

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 10/6/2017

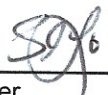
End Date: 10/9/2017

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

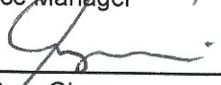
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

10/6/2017
Date

10/06/17
Date