

Foster Family Home - Corrective Action Report

Provider ID: 1-559239

Home Name: Eufemia Aguada, CNA

Review ID: 1-559239-6

94-619 Kipou Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/26/2017

End Date: 10/26/17

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/26/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

DA David Ayling RV
Compliance Manager
E. Aguada
Primary Care Giver

10/26/17
Date
10-26-17
Date