

Foster Family Home - Corrective Action Report

Provider ID: 1-110006

Home Name: Janet Agbunag, CNA

Review ID: 1-110006-7

1464 Molehu Dr.

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 2/13/2018

End Date: 2/13/18

Foster Family Home

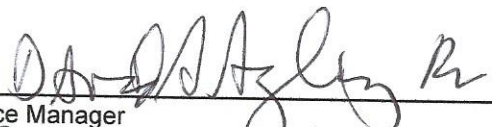
Required Certificate

[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 2/13/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

2/13/18
Date


Primary Care Giver

2/13/18
Date