

# Foster Family Home - Corrective Action Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA

Review ID: 1-160004-4

94-1166 Hina St

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 1/8/2018

End Date: 2/9/2018

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

2/8/2018  
\_\_\_\_\_  
Date

02-08-18  
\_\_\_\_\_  
Date