

Foster Family Home - Corrective Action Report

Provider ID: 1-512055

Home Name: Soledad Agabao, CNA

Review ID: 1-512055-4

2340 California Avenue

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 1/31/2018

End Date: 1/31/18

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 1/31/18. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

DA Ayling

Primary Care Giver

Agabao

Date

1/31/18

Date

1/31/18