

Foster Family Home - Corrective Action Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-5

94-1496 Kahualoa Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 3/21/2018

End Date: 3/23/2018

Foster Family Home


Required Certificate

[17-1454-6]

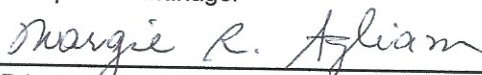
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



Compliance Manager



Primary Care Giver

3/21/2018
Date

3/21/2018
Date