

Foster Family Home - Corrective Action Report

Provider ID: 1-586232

Home Name: Lucesia Agtarap, CNA

Review ID: 1-586232-4

94-1286 Huakai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/15/2018

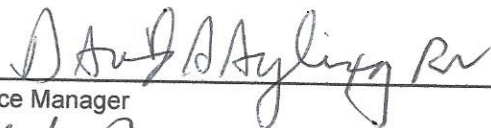
End Date: 5/15/18

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 2 person CCFFH recertification review made on 5/15/18. PCG requests to increase to a 3 client CCFFH.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.


Compliance Manager


Primary Care Giver

5/15/18
Date

5/15/18
Date