

# Foster Family Home - Corrective Action Report

Provider ID: 1-634924

Home Name: Mae Margarette Magaoay,  
CNA

Review ID: 1-634924-5

2344 Aumakua Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 5/14/2018

End Date: 5/14/18

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 5/14/18.

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

David A. Ayling Rv  
Compliance Manager

Mae Margarette C. Magaoay  
Primary Care Giver

5/14/18  
Date

5-14-18  
Date