

# Foster Family Home - Corrective Action Report

Provider ID: 1-586224

Home Name: Ofelia Sagucio, RN

Review ID: 1-586224-4

1721 Mahani Loop

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 4/30/2018

End Date: 4/30/18

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 4/30/18.

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

David A Ayling RN  
Compliance Manager

Ofelia A. Sagucio  
Primary Care Giver

4/30/18  
Date

4/30/18  
Date