

# Foster Family Home - Corrective Action Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-3

3737 Waialae Ave

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 8/8/2018

End Date: 8/8/18

Foster Family Home

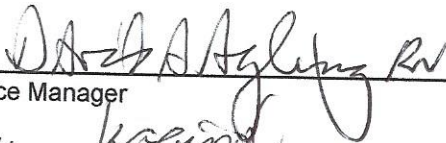
Required Certificate

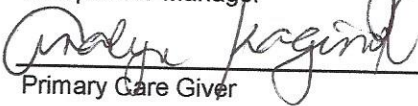
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/8/18. 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

  
Date

  
Date