

Foster Family Home - Corrective Action Report

Provider ID: 1-120065

Home Name: Estela Aganos, NA

Review ID: 1-120065-5

94-414 Kuahui Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/6/2018

End Date:

8/06/18

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 8/06/18.

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

Angelica Galindo, RN

Compliance Manager

[Signature]

Primary Care Giver

8/06/18

Date

8/6/18

Date