

Foster Family Home - Corrective Action Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

Review ID: 1-560351-4

94-475 Hamau Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/23/2018

End Date:

7/23/18

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 7/23/18.

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

Angelica Galindo, RN

Compliance Manager

LEONOR AGLANAO

Primary Care Giver

7/23/18
Date

7/23/18
Date