

# Foster Family Home - Corrective Action Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

Review ID: 1-180048-1

94-284 Loaa Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 8/29/2018

End Date:

8/29/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New application for 2 client home inspection done today. Home is in full compliance and eligible for a 1 year 2 client certification.

*Lori O'Keefe*

Compliance Manager

*Elvissa A Pagulayan*

Primary Care Giver

8/29/18

Date

8/29/18

Date