

Foster Family Home - Corrective Action Report

Provider ID: 1-170060

Home Name: Raquel Fagaragan, CNA

Review ID: 1-170060-2

94-385 Honowai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/4/2018

End Date: 10/4/18

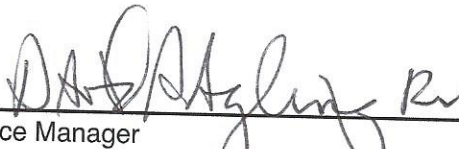
Foster Family Home Required Certificate

[17-1454-6]

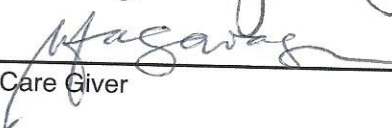
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 10/4/18. 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

10/4/18
Date


Primary Care Giver

10/4/18
Date