

# Foster Family Home ~~Certification~~

Provider ID: 2-000040

Home Name: Jeogy Pagtama, CNA

15-1713 29th Poni Moi Street

Keaau HI 96749

Review ID: 2-000040-6

Reviewer: Carol Copeland

Begin Date: 5/24/2017

End Date: 6/26/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for two clients.

*Carol Copeland RNMSO*

Compliance Manager

*[Signature]*

Primary Care Giver

*5-24-17*

Date

*5/24/17*

Date