

# Foster Family Home - Corrective Action Report

Provider ID: 1-612186

Home Name: Josephine Sagayaga, CNA

Review ID: 1-612186-5

483 Kalauipo Street

Reviewer: David Ayling

Year City HI 96782

Begin Date: 12/27/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/27/18.

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

\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Date

12/27/18

\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date

12/27/18