

Foster Family Home - Corrective Action Report

Provider ID: 1-090098

Home Name: Raquel Lagpacan, CNA

Review ID: 1-090098-4

94-427 Kuahui Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/5/2018

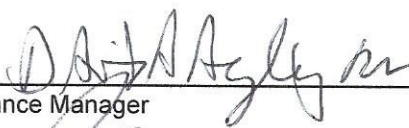
End Date: 3/5/18

Foster Family Home Required Certificate [17-1454-6]

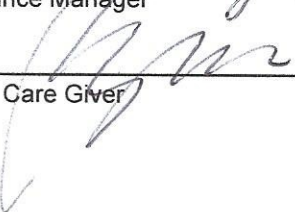
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 3/5/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager

3/5/18
Date


Primary Care Giver

3/5/18
Date