

# Foster Family Home - Corrective Action Report

Provider ID: 1-200009

Home Name: Floriefe Agonias, NA

Review ID: 1-200009-1

94-312 Paiwa Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/5/2020

Foster Family Home

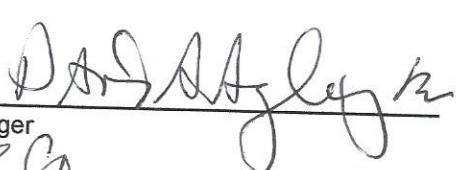
Required Certificate

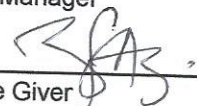
[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.  
Home will receive a 2 bed certification.

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

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

3/5/2020  
Date

3/5/2020  
Date