

# Foster Family Home - Corrective Action Report

Provider ID: 1-180065

Home Name: Epifania Tagaca, CNA

Review ID: 1-180065-4

94-553 Laenui Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/23/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.  
Home is in compliance with all reviewed HARS

Julie A Hastings RN BSN  
Compliance Manager

[Signature]  
Primary Care Giver

7/23/2020  
Date

7/23/2020  
Date