

Foster Family Home - Corrective Action Report

Provider ID: 1-617798

Home Name: Corazon Agarpao, CNA

Review ID: 1-617798-7

94-1099 Waipahu Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/28/2020

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 made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN
Compliance Manager

9/29/20
Date

Corazon Agarpao
Primary Care Giver

9/29/20
Date