

Foster Family Home - Corrective Action Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-9

94-430 Kahualoa Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 12/17/2020

Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



Compliance Manager



Primary Care Giver

12/17/20

Date
12/17/20

Date