

Foster Family Home - Corrective Action Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-8

1043 Puolo Drive

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 4/22/2020

Foster Family Home


Required Certificate

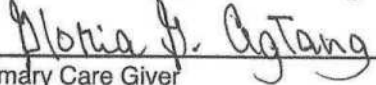
[11-800-6]

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

Comment:

6.(d)(1)- Home visit for a 3 person CCFFH certification review on 4/22/2020. Home in compliance with all requirements. Home will receive a 3 bed certification.



Compliance Manager


Primary Care Giver

4/22/20
Date
05-06-2020
Date