

Foster Family Home - Corrective Action Report

Provider ID: 2-636102

Home Name: Leonora Agbigay, CNA

Review ID: 2-636102-3

293 Kuhilani Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 5/13/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted for this 2 bed home.
The home is in compliance with sections reviewed on the day of inspection.

Lori O'Keefe, RN

Compliance Manager

5/13/2020

Date

X *L. Agbigay*

Primary Care Giver

5/28/2020

Date