Foster Family Home - Corrective Action Report

Provider ID: **1-170060**

Home Name: **Raquel Fagaragan, CNA**

94-1047 Kuhaulua Street

Waipahu HI 96797

Review ID: **1-170060-6**

Reviewer: David Ayling

Begin Date: 10/14/2020

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 unannounced visit made today. Completed annual review. No deficiencies.

Compliance Manager

10/14/2020
Date

Primary Care Giver

10/14/2020
Date

10/14/2020 20:15 PM