

# Foster Family Home - Corrective Action Report

Provider ID: 1-160062

Home Name: Evangeline Agonias, NA

Review ID: 1-160062-7

94-1135 Awalai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/28/2021

Foster Family Home


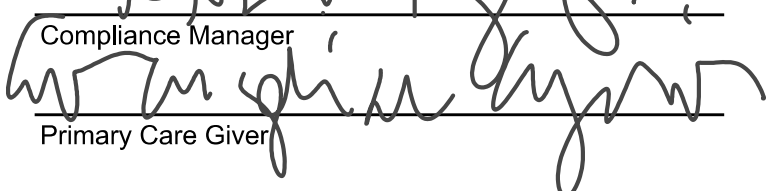
Required Certificate

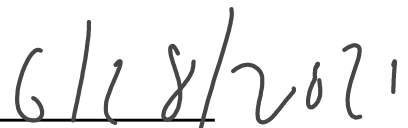
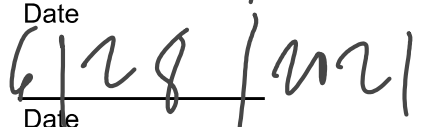
[11-800-6]

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

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date