

From: [REDACTED]
Subject: CAP
Date: September 23, 2015 at 2:12 PM
To: [REDACTED]

Foster Family Home - Corrective Action Report

Provider ID: 1-509268
Home Name: Emmanuel Arreza, CNA Review ID: 1-509268-4
1385 Hiaai Place Reviewer: [REDACTED]
Kapahu HI 96797 Begin Date: 9/23/2015 End Date: 9/23/15

Foster Family Home Required Certificate [17-1454-6]

§(1) Comply with all applicable requirements in this chapter, and
comment:
§(3): Review for recertification of two client home. All requirements present at time of review.

[REDACTED] *mm*

Compliance Manager
[Signature]

Primary Care Giver

9-23-15
Date
9-23-15
Date