

Foster Family Home - Corrective Action Report

Provider ID: 4-090063

Home Name: Melice Ariota, CNA

94-128 Kaupu Place

Waipahu HI 96797

Review ID: 4-090063-5

Reviewer: [REDACTED]

Begin Date: 5/6/2015

End Date: 5/16/2015

Foster Family Home

Required Certificate

[17-1454-6]

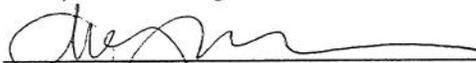
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

[REDACTED]

Compliance Manager



Primary Care Giver

5/6/2015

Date

5/6/15

Date