

Foster Family Home - Corrective Action Report

Provider ID: 2-140001

Home Name: Arcelie Weaver, CNA

Review ID: 2-140001-5

424 Iloko Street

Reviewer

Hilo HI 96720

Begin Date: 12/30/2015

End Date:

12/30/15

Foster Family Home

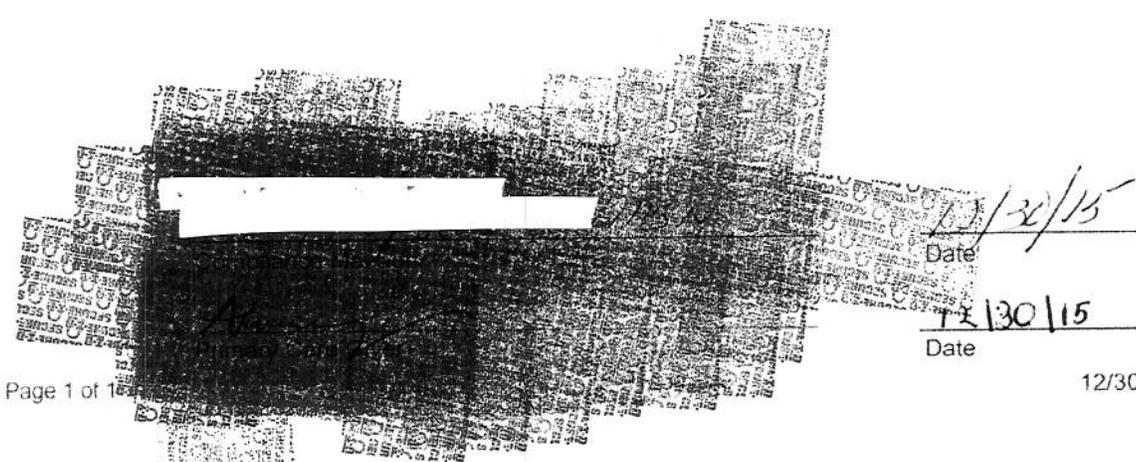
Required Certificate

[17-1454-6]

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

Comment

Survey performed on 12/30/15 for recertification of three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA



12/30/15
Date

12/30/15
Date