

# Foster Family Home - Corrective Action Report

Provider ID: 1-140051

Home Name: Arlene De Hitta, CNA

Review ID: 1-140051-4

4-1028 Waiopae St.

Reviewer:

Vaipahu HI 96797

Begin Date: 12/9/2015

End Date: 12/9/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit on 12/9/15 to recertify 2 home changing to 3 bed home. All requirements met at time of review. Home is eligible for 1 year 3 bed home.

Compliance Manager

12/9/15

Date

Primary Care Giver

12/9/15

Date