

# Foster Family Home - Corrective Action Report

Provider ID: 1-140051

Home Name: Arlene De Hitta, CNA

Review ID: 1-140051-3

94-1028 Waiopae St.

Reviewer:

Waipahu HI 96797

Begin Date: 9/17/2015

End Date: 9/18/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person environmental review made on 9/17/15.

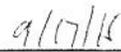
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/17/15.

6.(d)(1) - see applicable sections of the review

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date