

Foster Family Home - Corrective Action Report

Provider ID: 1-585531
 Home Name: Edna Arclaga, CNA
 94-664 Kupuna Loop
 Waipahu HI 96797
 Review ID: 1-585531-4
 Reviewer:
 Begin Date: 1/8/2016
 End Date: 1/6/2016

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

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

Comment:

Home survey for recertification of three client CCFH performed 1/6/2016. PCG requested change to two client home at time of review. All requirements met for three client home. Two year certification issued. *For 2 bed home.*

[Redacted Signature]

Compliance Manager

Edna Arclaga

Primary Care Giver

1/6/2016
Date

1-7-2016
Date