

Foster Family Home - Corrective Action Report

Provider ID: 2-100058

Home Name: Mercedes Arquiteola, CNA

Review ID: 2-100058-3

17-606 S. Ipu'awaha Place

Reviewer:

Keaau

HI 96749

Begin Date: 5/28/2015

End Date:

5/28/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment: -

Home visit done on 5/28/15 to survey for recertification. Home in compliance on day of survey. Home will be recertified for three clients for two years.

Compliance Manager

Dr. J. Arquiteola CNA PCG

Primary Care Giver

5-28-15

Date

5/28/15

Date