

Foster Family Home - Corrective Action Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

94-410 Hamau Street

Waipahu

HI 96797

Review ID: 1-130023-3

Reviewer:

Begin Date: 4/20/2015

End Date:

4/20/15

Foster Family Home

Required Certificate

[17-1454-6]

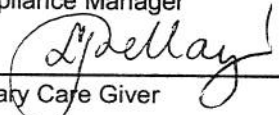
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 2 person recertification review made on 4/20/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver



Date

Date

4/20/15

4/20/15