

Foster Family Home - Corrective Action Report

Provider ID: 1-565088

Home Name: Arceli Tabag, CNA

94-1117 Hapawalu Place

Waipahu

HI 96797

Review ID: 1-565088-4

Reviewer:

Begin Date: 8/4/2016

End Date: 8/4/16

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 3 person CCFFH recertification review [REDACTED] (currently has 2 patients). Home is in compliance with all requirements. Requesting to decrease to a 2 client CCFFH. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver

Arceli Tabag

Date

Date

8/4/16

8/4/16