

Foster Family Home - Corrective Action Report

Provider ID: 1-562927

Home Name: Arlene Villar, RN

Review ID: 1-562927-4

94-1094 Puloku Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/12/2016

End Date: 4/13/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3-bed certification.