

Foster Family Home - Corrective Action Report

Provider ID: 1-140051

Home Name: Arlene De Hitta, CNA

Review ID: 1-140051-5

94-1028 Waiopae St.

Reviewer:

Waipahu HI 96797

Begin Date: 9/23/2016

End Date: 9/23/16

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 made on 9/23/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Arlene De Hitta

Primary Care Giver

Date

9/23/16

Date