

# Foster Family Home - Corrective Action Report

Provider ID: 1-615263

Home Name: Arlene Agpatza, CNA

Review ID: 1-615263-4

1740 Piikea St.

Reviewer:

Honolulu HI 96818

Begin Date: 11/23/2016

End Date: 11/25/2016

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 made on 11/23/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

*Arlene Agpatza*

Primary Care Giver

Date

*11/23/2016*

Date