

Foster Family Home - Corrective Action Report

Provider ID: 1-559031

Home Name: Antonia Arellano, CNA

Review ID: 1-559031-5

1339 Naulu Place

Reviewer:

Honolulu HI 96818

Begin Date: 11/28/2016

End Date: 11/28/16

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 made on 11/28/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Antonia Arellano

Primary Care Giver

Date

11/28/16

Date