

# Foster Family Home - Corrective Action Report

Provider ID: 2-130012

Home Name: Jeffry Arellano, CNA

Review ID: 2-130012-7

67 Hokulani Street

Reviewer:

Hilo HI 96720

Begin Date: 4/6/2016

End Date: 4/6/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

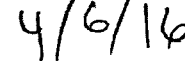
Survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due. Home will be recertified for two years for three clients.

\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

4-6-16  
\_\_\_\_\_  
Date



\_\_\_\_\_  
Date