

# Foster Family Home - Corrective Action Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

Review ID: 1-000059-6

91-1418 Maliko Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 9/12/2016

End Date: 9/12/16

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 9/12/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

  
Primary Care Giver

Date

9/12/16

Date