

Foster Family Home - Corrective Action Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-5

45-182 Keana Road

Reviewer: Sue Lo

Kaneohe HI 96744

Begin Date: 6/23/2017

End Date: 7/6/2017

Foster Family Home


Required Certificate

[17-1454-6]

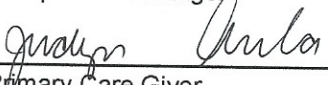
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit made on 6/23/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.



Compliance Manager



Primary Care Giver

6/23/2017
Date

6/23/17
Date