

# Foster Family Home - Corrective Action Report

Provider ID: 1-562258

Home Name: Evelyn Argel, CNA

Review ID: 1-562258-7

94-1078 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/3/2017

End Date:

4/3/17

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 4/3/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

*Evelyn J. Argel*

Primary Care Giver

Date

4/3/2017

Date