

Foster Family Home - Corrective Action Report

Provider ID: 1-614075

Home Name: Evelyn Arrocena, CNA

Review ID: 1-614075-4

91-743 Aikanaka Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/7/2017

End Date: 8/7/17

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 2 person CCFFH recertification review made on 8/7/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

8/7/17
Date

Evelyn Arrocena
Primary Care Giver

8/7/17
Date