

Foster Family Home - Corrective Action Report

Provider ID: 1-562258

Home Name: Evelyn Argel, CNA

Review ID: 1-562258-8

94-1078 Kuhaulua Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 12/20/2017

End Date: 12/20/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a 3 person CCFFH environmental review. Home is in compliance with all environmental requirements. Move letter given with a move date of 12/23/2017.

Carrie Wakai

Compliance Manager

Evelyn J. Argel

Primary Care Giver

12/20/17

Date

12/20/2017

Date