

Foster Family Home - Corrective Action Report

Provider ID: 1-180001

Home Name: Charlene Arzaga CNA

Review ID: 1-180001-1

15 Circle Drive

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 3/26/2018

End Date: 3/26/18

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 new 2 person CCFFH certification.
Home was in compliance with all requirements and will receive a 1 year 2 person certification.

Carrie Wakai RN
Compliance Manager

3-26-18
Date

Charlene Arzaga
Primary Care Giver

03-26-2018
Date