

Foster Family Home - Corrective Action Report

Provider ID: 2-130012

Home Name: Jeffry Arellano, CNA

67 Hokolani Street

Hilo HI 96720

Review ID: 2-130012-8

Reviewer: Carol Copeland

Begin Date: 3/15/2018

End Date: 3-27-18

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 survey performed to recertify three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.



Compliance Manager



Primary Care Giver

3/19/18

Date

3-26-2008

Date