

Foster Family Home - Corrective Action Report

Provider ID: 2-100058

Home Name: Mercedes Arquitola, CNA

17-606 S. Ipu'aiwaha Place

Keaau HI 96749

Review ID: 2-100058-5

Reviewer: Carol Copeland

Begin Date: 6/20/2018

End Date: 6/25/18

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.

Carol Copeland MSW
Compliance Manager

[Signature]
Primary Care Giver

6-20-18
Date

6/20/18
Date