

Foster Family Home - Corrective Action Report

Order ID: 1-150048

Home Name: Jason Arroccena, CNA

Review ID: 1-150048-4

94-123 Awaia Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 7/27/2018

End Date: 7/27/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit for 2 client home. Home met all compliance requirements at the time of home visit. No corrective action required. Home is eligible for a 2 year 2 client certification.

Lori O'Keefe RN

Compliance Manager

[Signature]

Primary Care Giver

7/27/18

Date

07/27/18

Date