

Foster Family Home - Corrective Action Report

Provider ID: 2-577736

Home Name: Noemi Arzaga, RN

Review ID: 2-577736-7

57 Maikai Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: ~~8/23/2018~~
8/30/18

End Date: 9/5/18

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 inspection 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

8-30-18

Date

8/30/18

Date