Foster Family Home - Corrective Action Report

Provider ID: **1-140051**

Home Name: **Arlene De Hitta, CNA**

94-1028 Waiopae St.

Waipahu HI 96797

Review ID: **1-140051-6**

Reviewer: David Ayling

Begin Date: 10/12/2018 End Date: 10/12/18

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/12/18.
6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager — Date 10/12/18

Primary Care Giver — Date 10/12/18