

Foster Family Home - Corrective Action Report

Provider ID: 1-615263

Home Name: Arlene Agpalza, CNA

Review ID: 1-615263-5

1740 Piikea Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 11/28/2018

End Date:

11/28/18

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 11/28/18.

6.(d)(1) - Home in compliance with all requirements.

Angelica Galindo, RN

Compliance Manager

Arlene Agpalza

Primary Care Giver

Date

11/28/18

11/28/18

Date