

Foster Family Home - Corrective Action Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-5

94-410 Hamau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/17/2018

End Date: 4/17/18

Foster Family Home

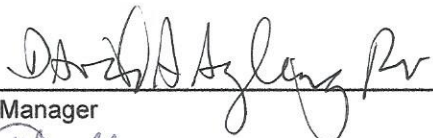
Required Certificate

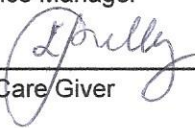
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 4/17/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver

4/17/18
Date

4/17/18
Date