

Foster Family Home - Corrective Action Report

Provider ID: 2-170097

Home Name: Rudy Arzaga CNA

Review ID: 2-170097-1

1468 Mele Manu street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 3/1/2018

End Date:

3-12-18



Foster Family Home

Required Certificate

[17-1454-6]

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

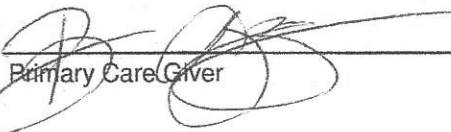
Comment:

6.(d)(1) Home visit survey performed to certify two client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.



Compliance Manager

3/6/18
Date



Primary Care Giver

3/2/18
Date