

# Foster Family Home - Corrective Action Report

Provider ID: 1-180001

Home Name: Charlene Arzaga, CNA

94-463 Kahualena Street

Waipahu HI 96797

Review ID: 1-180001-5

Reviewer: Maribel Nakamine

Begin Date: 4/17/2020

Foster Family Home Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Annual Visit to CCFFH completed. No deficiencies found.

Maribel Nakamine, RN  
Compliance Manager

4/17/2020  
Date

Arzaga  
Primary Care Giver

4/17/2020  
Date