

Foster Family Home - Corrective Action Report

Provider ID: 1-615263

Home Name: Arlene Agpalza, CNA

Review ID: 1-615263-7

1740 Piikea Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 12/7/2020

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

Corrective Action Report Issued with all approved written corrections due to CTA by 1/6/2021

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)

HHM#3 APS/CAN lapsed Was done 5/21/18, was due on or before 5/21/20 and was completed 7/23/20



Compliance Manager



Primary Care Giver

12/7/2020

Date

12/7/2020

Date