

Foster Family Home - Corrective Action Report

Provider ID: 1-562258

Home Name: Evelyn Argel, CNA

Review ID: 1-562258-12

94-443 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/8/2021


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

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


Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

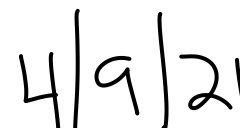
No corrective action required.



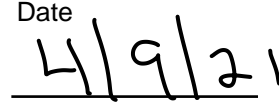
Compliance Manager



Primary Care Giver



Date



Date