

Foster Family Home - Corrective Action Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-8

94-410 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/9/2021

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

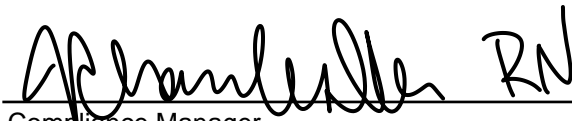
6.(d)(1) Comply with all applicable requirements in this chapter; and

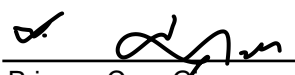
Comment:

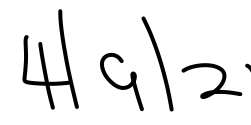
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

increase to 3 bed CCFFH at recertification date 07/15/2021


Compliance Manager


Primary Care Giver


Date


Date