

Foster Family Home - Deficiency Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

Review ID: 4-619299-12

378 South Puunene Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

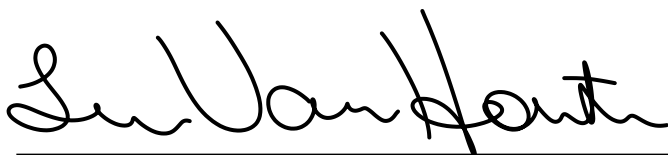
Begin Date: 7/23/2021

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

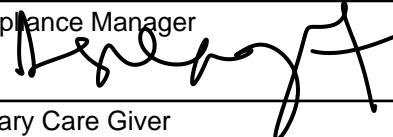
6.(d)(1) Comply with all applicable requirements in this chapter; and

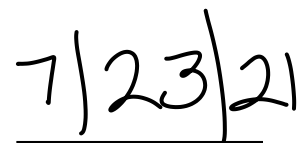
Comment:

6.(d)(1) - Environmental inspection conducted for a planned move of 2 client home to a new location. The home meets the physical requirements and a move letter was issued with planned move on 8/8/2021.

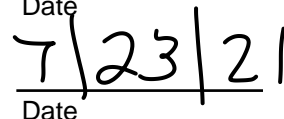


Compliance Manager


Primary Care Giver



Date



Date