

Foster Family Home - Corrective Action Report

Provider ID: 1-510562

Home Name: Adeline Caraang, CNA

Review ID: 1-510562-3

1-976 Fort Weaver Road

Reviewer: [REDACTED]

Waikaloa Beach HI 96706

Begin Date: 9/17/2015

End Date: 10/5/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.

[REDACTED]
Compliance Manager

Adeline F. Caraang
Primary Care Giver

9/21/2015
Date

9/21/2015
Date