

Foster Family Home - Corrective Action Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-3

430 Puolo Place

Reviewer:

Kahului HI 96732

Begin Date: 11/20/2015

End Date: 11/30/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Recertification visit and change from 2 to 3 client home made on 11/20/15. No corrective action plan issued during visit.

Compliance Manager

Cinquendo
Primary Care Giver

11/20/15
Date

11-20-15
Date