

Foster Family Home - Corrective Action Report

Provider ID: 2-512196

Home Name: Chatylee Patao, CNA

15-1538 29th Poni Moi, Kaloli

Keaau

HI 96749

Review ID: 2-512196-4

Reviewer:

Begin Date: 7/28/2015

End Date:

7/28/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit done on 7/28/15 to survey for recertification. Home compliance on day of survey.

PCG to send documentation for deficiencies to CTA within 30 days of this survey.

Home in compliance on day of survey. C-Copy to KAWAHI
enroll

Foster Family Home Client Transfer/Discharge [17-1454-44]

Comment:

Compliance Manager
[Signature]

Primary Care Giver

7/28/15
Date

7/28/15
Date