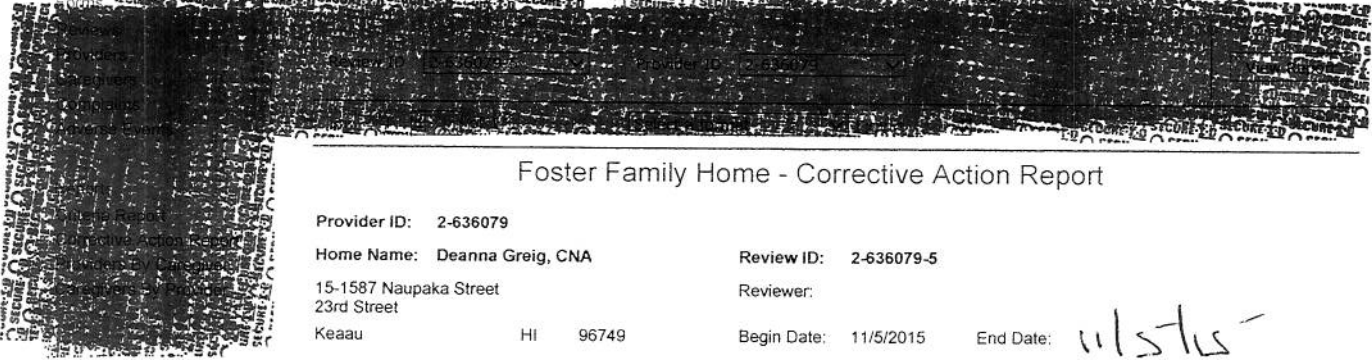


05 November, 2015

Change Password Sign Out

Corrective Action Report



Foster Family Home - Corrective Action Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-5

15-1587 Naupaka Street
23rd Street

Reviewer:

Keaau HI 96749

Begin Date: 11/5/2015

End Date: 11/5/15

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

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

Comment:

Survey performed on 11/05/15 for recertification. Home in compliance on day of survey. Home eligible for a two year recertification for three clients.

Compliance Manager

Primary Care Giver

11-05-15
Date

NOV. 5, 2015
Date