

Foster Family Home - Corrective Action Report

Provider ID: 3-582967

Home Name: Edgar Alba, CNA

Review ID: 3-582967-3

73-1257 Kaiminani Drive

Reviewer:

Kailua-Kona HI 96740

Begin Date: 8/19/2015

End Date: 9/9/15

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 8/19/15 to survey for recertification. Home not in compliance on day of survey. Out of compliance items/deficiencies will be listed in the appropriate section of this document. PCG to submit all documentation for deficiencies to CTA within 30 days of this survey.

Foster Family Home Application [17-1454-7]

7.(b)(1)(C) Background check documents, as provided in section 17-1454-7.1; and

Comment:

7.(b)(1)(C) Background check documents, as provided in section 17-1454-7.1; Documentation needed for PCG and SCG # 2.

Compliance Manager

*[Signature]*

Primary Care Giver

8-19-15

Date

8-19-15

Date

