

Foster Family Home - Corrective Action Report

Provider ID: 2-140053

Home Name: Edna Salom, CNA

Review ID: 2-140053-4

812 West Kawaiiani Street

Reviewer:

Hilo HI 96720

Begin Date: 6/4/2015

End Date: 6/4/15

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 6/05/15 to survey for recertification. Home in compliance on day of survey. Home will be recertified for two clients for two years.

Compliance Manager

Edna Salom

Primary Care Giver

Date

6-4-15

Date