

Foster Family Home - Corrective Action Report

Provider ID: 2-120083

Home Name: Erlinda Paguirigan, CNA

Review ID: 2-120083-5

74-5209 Kauwela Place

Reviewer:

Kailua-Kona HI 96740

Begin Date: 6/30/2015

End Date:

6/30/15

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 6/30/15 to survey for recertification. Home in compliance on day of survey. Home in compliance on day of survey. Home to be recertified for two years for three clients.

~~3 Person Staffing~~ 3 Person Staffing Requirements [17-1454-41](3P) Error

~~41.(3P)(b)(1)~~ Primary and substitute caregivers be twenty-one years of age or older. Error

Comment:

Compliance Manager

Primary Care Giver

Erlinda Paguirigan

Date

Date

6-30-15
06/30/2015

