

Foster Family Home - Corrective Action Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-3

124 West Kinai Place

Reviewer:

Hilo HI 96720

Begin Date: 8/25/2015

End Date:

8/25/15

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 8/25/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for two clients.

Compliance Manager

Imelda Pacris

Primary Care Giver

8-25-15
Date

8/25/15
Date

Date