

Foster Family Home - Corrective Action Report

Provider ID: 2-130038
Home Name: Irene Vidad, CNA
449 Mauna Iho Place
Hilo HI 96720
Review ID: 2-130038-3
Reviewer:
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 8/20/15 to survey for recertification. Home in compliance on day of survey. Home will be recertified for two years for two clients.

Compliance Manager

Irene Vidad
Primary Care Giver

8-20-15
Date

8/20/15
Date