

29 Octob

Change F

Corrective Action Report



Foster Family Home - Corrective Action Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

1335 Kaiwiki Road

Hilo HI 96720

Review ID: 2-583212-4

Reviewer:

Begin Date: 10/29/2015

End Date: 10/29/15

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Survey performed on 10/29/15 to recertify three client home. Home in compliance on day of survey. Home a two year recertification for three clients.

Compliance Manager

[Handwritten Signature]

Primary Care Giver

10-29-15
Date

10-29-15
Date