

Foster Family Home - Corrective Action Report

Provider ID: 2-578817

Home Name: Lily Jacinto, CNA

Review ID: 2-578817-2

73-1158 Ala Kapua Street

Reviewer:

Kailua-Kona HI 96740

Begin Date: 6/24/2015

End Date: 6/24/15

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 6/24/15 to survey for recertification. Home in compliance on day of survey. Home will be recertified for two years for three clients.


Compliance Manager

Primary Care Giver


Date