

### Foster Family Home - Corrective Action Report

Provider ID: 2-100096

Home Name: Loriella Fiesta, CNA

Review ID: 2-100096-5

16-2088 Emerald Drive,

Reviewer:

#1184

Pahoa

HI 96778

Begin Date: 8/11/2015

End Date:

8/11/15

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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 8/11/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for ~~three~~ clients.

Compliance Manager



Primary Care Giver

8-11-15

Date

8-11-15

Date