

### Foster Family Home - Corrective Action Report

Provider ID: 2-512170

Home Name: Maria Cariaga, CNA

Review ID: 2-512170-3

527 Awela Street

Reviewer:

Hilo HI 96720

Begin Date: 9/1/2015

End Date: 9/1/15

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 9/1/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for three clients.

Compliance Manager

*[Signature]*  
Primary Care Giver

9-01-15

Date

09-01-15

Date

