

# Foster Family Home - Corrective Action Report

Provider ID: 2-110065

Home Name: Marilyn Foster, CNA

Review ID: 2-110065-9

73-4334 Napoo Place

Reviewer:

Kailua-Kona HI 96740

Begin Date: 9/23/2015

End Date:

9/23/15

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 9/18/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for three clients.

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Compliance Manager

Primary Care Giver

9-23-15

Date

9-23-15

Date

9/22/2015 22:00 PM