Foster Family Home - Corrective Action Report

Provider ID: **2-593998**

Home Name: **Merly Castillo, CNA** **Review ID:** **2-593998-4**

1360 Kaiwiki Road Reviewer:

Hilo HI 96720 Begin Date: 12/16/2015 End Date: 12/16/2015

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

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

Comment:

Survey performed on 12/16/15 for recertification of this three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.

[redacted]
Compliance Manager

12/16/15
Date

Merly Castillo
Primary Care Giver

12-16-2015
Date

12/18/2015 16:13 PM