

### Foster Family Home - Corrective Action Report

Provider ID: 2-090130

Home Name: Marilyn Purganan, CNA

73-1051 Kuuleialoha Circle

Kailua-Kona HI 96740

Review ID: 2-090130-4

Reviewer:

Begin Date: 1/23/2015

End Date:

*1/23/15*

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

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

Comment:

Home visit made to survey for recertification. Household member in compliance on day of review. Home in compliance on day of review. Home will be recertified for two clients for two years.

[Redacted Signature]

Compliance Manager

*MSN*

1/23/2015  
Date

Primary Care Giver

Date