

Foster Family Home - Corrective Action Report

Provider ID: 2-598302

Home Name: Prescila Vierck, CNA

Review ID: 2-598302-3

45-3383 Kukui Street

Reviewer:

Honokaa

HI 96727

Begin Date: 4/7/2015

End Date:

4/7/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 4/07/15 to survey for recertification. Home in compliance on day of review. Home to be recertified for two years for two clients.

Compliance Manager

Prescila M. Vierck

Primary Care Giver

4-07-15

Date

04/07/15

Date