

Foster Family Home - Corrective Action Report

Provider ID: 2-560062

Home Name: Rufelia Tomas, LPN

45-496 Anahio Place

Honokaa

HI 96727

Review ID: 2-560062-2

Reviewer:

Begin Date: 1/6/2015

End Date:

1/6/15

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

5.(c)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit made on 1/06/2015 to survey for recertification. Adult household members in compliance on day of review. Home in compliance on day of review. Home will be recertified for two years for three clients.

[Redacted Signature]

Compliance Manager

1/6/2015
Date

Primary Care Giver

Date