

# Foster Family Home - Corrective Action Report

Provider ID: 2-591835

Home Name: Aileen Navalta, CNA

Review ID: 2-591835-7

18-7861 Henele Rd

Reviewer

Mt View

HI 96771

Begin Date 1/27/2016

End Date

1/27/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment

Survey performed for recertification. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be recertified for three clients for two years.

[Redacted Signature]

Primary Care Giver

1/27/16  
Date

1/27/16  
Date