

Foster Family Home - Corrective Action Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

Review ID: 1-110012-7

91-709 Pohakupuna Road

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/11/2016

End Date: 1/11/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey for recertification of two client CCFFH 1/11/16. Change to three client home during review. All requirements met at time of review.

Compliance Manager

Primary Care Giver

Date

Date