

Foster Family Home - Corrective Action Report

Provider ID: 2-599087

Home Name: Nercy Kramarz, CNA

Review ID: 2-599087-4

27-224 Old Mamalahoa Hwy

Reviewer:

Papaikou HI 96781

Begin Date: 11/10/2015

End Date: 11/10/15

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

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

Comment:

Survey performed to recertify three client home on 11/10/15. Home in compliance on day of survey. Home to be recertified for two years for three clients.

Compliance Manager

Primary Care Giver

11-10-15

Date

11/10/15

Date