

# Foster Family Home - Corrective Action Report

Provider ID: 2-613811

Home Name: Rachel Castro, CNA

Review ID: 2-613811-2

882 Kupulau Road

Reviewer:

Hilo

HI 96720

Begin Date: 5/5/2015

End Date:

5/5/15

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 5/5/15 to survey for recertification. Home in compliance on day of survey. Home will be recertified for two years for two clients.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date