

Foster Family Home - Corrective Action Report

Provider ID: 2-523325

Home Name: Rudilia Agpoon, CNA

Review ID: 2-523325-5

1639 Kinoole Street

Reviewer:

Hilo HI 96720

Begin Date: 2/24/2016

End Date: 2/24/16

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. 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.

Compliance Manager

Rudilia Agpoon CNA
Primary Care Giver

Date

2/24/2016
Date