

Foster Family Home - Corrective Action Report

Provider ID: 2-100085

Home Name: Diana Machado, RN Review ID: 2-100085-5

752 HaiHai Street Reviewer: ()

Hilo HI 96720 Begin Date: 5/21/2015 End Date: 5/21/15

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

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

Comment:

Home visit done on 5/21/15 to survey for recertification. Home in compliance on day of survey. Home will be recertified for three clients for two years.

Compliance Manager

Date

Primary Care Giver

Date