

Foster Family Home - Corrective Action Report

Provider ID: 2-120083

Home Name: Erlinda Laasaga, CNA

Review ID: 2-120083-5

74-844 Pamahoa Pl

Reviewer:

Kailua-Kona HI 96740

Begin Date: 6/30/2015

End Date:

6/30/15

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 6/30/15 to survey for recertification. Home in compliance on day of survey. Home in compliance on day of survey. Home to be recertified for two years for three clients.

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(1) Primary and substitute caregivers be twenty-one years of age or older.

Comment:

Compliance Manager

Date

Primary Care Giver

Date