

Foster Family Home - Corrective Action Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

Review ID: 2-509789-2

425 Ainaola Drive

Reviewer:

Hilo HI 96720

Begin Date: 4/28/2015

End Date:

4/28/15

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 4/28/15 to survey for recertification. Home in compliance on day of review. Home to be recertified for two years for two clients.

Compliance Manager

Date

Primary Care Giver

Date