

Foster Family Home - Corrective Action Report

Provider ID: 2-120004

Home Name: Estela Leslie, CNA

Review ID: 2-120004-5

2290 Awapuhi Street

Reviewer:

Hilo HI 96720

Begin Date: 3/31/2015

End Date: 3/31/15

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 3/31/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for three clients.

Compliance Manager

Date

Primary Care Giver

Date