

To: TA,
Fr. Imelda Pacris,

Corrective Action Report

Review
Provider
Caregiver
Compliance
Activity Details

| | | |
|-----------------------|-----------------------|-------------|
| Review ID: 2-511883-2 | Provider ID: 2-511883 | View Report |
| Select a format | | |

Criteria Report
Corrective Action Report
Provider By Caregiver
Caregiver By Provider

| | |
|----------------------------------|------------------------|
| Provider ID: 2-511883 | Review ID: 2-511883-2 |
| Home Manager: Imelda Pacris, LPN | Renewal: |
| 124 West Koral Place | Begin Date: 10/02/2015 |
| H90 H: 85/20 | End Date: 10/15/15 |

Foster Family Home Required Certificate [17-1484-S]

8.6(1) Comply with all applicable requirements in this chapter, and
Comment:

Home survey performed on 10/15/15 in change from a two client to a three client home. Home in compliance on day of survey. Home to be certified for these clients for one year.

Compliance Manager
Imelda Pacris
Primary Care Giver

10/15/15
Date
10/15/15
Date