

Foster Family Home - Corrective Action Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA **Review ID:** 2-130010-3

177 East Kinai Place **Reviewer:**

Hilo HI 96720 **Begin Date:** 3/10/2015 **End Date:** 3/10/15

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 3/10/15 to survey for recertification. Home in compliance on day of review. Home is eligible for a two year recertification for three clients.

Compliance Manager

Date

Primary Care Giver

Date