

Foster Family Home - Corrective Action Report

Provider ID: 2-150051

Home Name: Scott Stubbert, RN.

Review ID: 2-150051-1

18-7874 Leonaka Rd.

Reviewer:

Mountain View HI 96771

Begin Date: 9/26/2015

End Date:

9/26/15

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 9/26/15 to survey for a new home application. Home in compliance on day of survey. Home eligible for certification of two client home.

Compliance Manager

Date

Primary Care Giver

Date