

Foster Family Home - Corrective Action Report

Provider ID: 2-590374

Home Name: Maritess Tenorio, CNA

Review ID: 2-590374-5

15-1622 31st Avenue

Reviewer:

Keāau HI 96749

Begin Date: 9/21/2016

End Date: 9-21-16

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be recertified for three clients for two years.

Compliance Manager

Maritess Tenorio
Primary Care Giver

9-23-16
Date

9/23/2016
Date