

Foster Family Home - Corrective Action Report

Provider ID: 2-130042

Home Name: Romeo Salom, Jr., CNA

Review ID: 2-130042-3

479 Luakaha Street

Reviewer:

Hilo HI 96720

Begin Date: 9/14/2016

End Date: 9-14-16

Foster Family Home Required Certificate [17-14546]

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

Comment:

Survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA by 10/14/16. Home will be recertified for two years for two clients.

Compliance Manager

Primary Care Giver

Date

Date

9-14-16

9/14/16