

Foster Family Home - Corrective Action Report

Provider ID: 2-594003

Home Name: Brenda Ragasa, CNA

Review ID: 2-594003-2

300 Kaiwik Rd

Reviewer:

Hilo HI 96720

Begin Date: 4/6/2016

End Date: 4/06/16

Foster Family Home Required Certificate

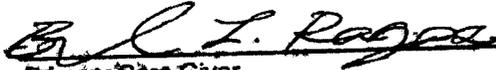
[17-1454-6]

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

Comment:

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

Compliance Manager


Primary Care Giver

4/06/16
Date

4-06-16
Date