

Foster Family Home - Corrective Action Report

Provider ID: 2-559122

Home Name: Esmeralda Miyazaki, CNA

Review ID: 2-559122-4

668 D. Wainaku Avenue

Reviewer:

Hilo HI 96720

Begin Date: 11/2/2016

End Date: 11/2/2016

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 to CTA. Home will be recertified for two years for two clients.

Compliance Manager

Esmeralda Miyazaki
Primary Care Giver

11/02/16

Date

11/02/16

Date