

Foster Family Home - Corrective Action Report

Provider ID: 3-511239

Home Name: Evelyn Isabela, CNA

Review ID: 3-511239-3

74-4987 E. Palani Road

Reviewer:

Kailua-Kona

HI 96740

Begin Date: 11/1/2016

End Date: 11-01-16

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 client for two years.

Compliance Manager

Evelyn Isabela
Primary Care Giver

Date

Date

11-01-16

11/01/16