

Foster Family Home - Corrective Action Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

Review ID: 2-614992-6

15-1991 Poni Moi 29th St.

Reviewer:

Keaau HI 96749

Begin Date: 9/21/2016

End Date: 10/31/16

Foster Family Home Required Certificate

17-1454-61

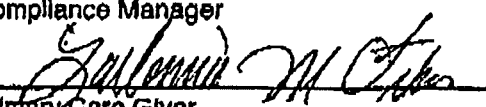
6.(d)(1) Comply with all applicable requirements in this chapter, and

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

Primary Care Giver



Date

Date

10/31/16

10/29/16

10/24/2016 22:36 PM