

# Foster Family Home - Corrective Action Report

Provider ID: 3-625022

Home Name: Larry-Qulabang, CNA

Review ID: 3-625022-3

74-5093 Kumakani Street

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 two years for three clients.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

11/01/16  
Date

11/01/16  
Date