

Foster Family Home - Corrective Action Report

Provider ID: 2-559726

Home Name: Ludjvina Eder, CNA

Review ID: 2-559726-4

147 W. Kinai Place

Reviewer:

Hilo HI 96720

Begin Date: 10/12/2016

End Date: 10/20/16

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 GTA.

Compliance Manager



Primary Care Giver

10/12/16
Date

10/12/16
Date