

Foster Family Home - Corrective Action Report

Provider ID: 2-509771

Home Name: Marilyn Aurello, CNA

Review ID: 2-509771-6

523 West Kawallani Street

Reviewer:

Hilo HI 96720

Begin Date: 11/9/2016

End Date: 11/23/16

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.

Compliance Manager

Marilyn Aurello

Primary Care Giver

11-22-16
Date

11/22/16
Date