

# Foster Family Home - Corrective Action Report

Provider ID: 2-615338

Home Name: Marina Khrapov, CNA

Review ID: 2-615338-4

500 Ekela Street

Reviewer:

Hilo

HI 96720

Begin Date: 11/9/2016

End Date: 11/09/16

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

*Marina Khrapov*

Primary Care Giver

11/09/16  
Date

11/09/16  
Date