

# Foster Family Home - Corrective Action Report

Provider ID: 2-150051

Home Name: Scott Stubbert, RN.

Review ID: 2-150051-2

18-7874 Leonaka Rd.

Reviewer:

Mountain View HI 96771

Begin Date: 7/20/2016

End Date: 7/20/16

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 two client home. Home in compliance on day of survey. m Corrective Action Plan issued with no plan of correction due to CTA. Home will be recertified for two years for two clients.

Compliance Manager



Primary Care Giver

7/20/16  
Date

7/20/16  
Date