

# Foster Family Home - Corrective Action Report

Provider ID: 2-613043

Home Name: Victoria Baker, CNA

Review ID: 2-613043-4

69 Melani St.

Reviewer:

Hilo HI 96720

Begin Date: 10/19/2016

End Date: 10-19-16

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 clients for years.

Compliance Manager



Primary Care Giver

10-19-16

Date

10-19-16

Date