

Foster Family Home - Corrective Action Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-2

64-5305 Hoohoa St.

Reviewer:

Kamuela

HI 96743

Begin Date: 4/27/2016

End Date: 4/27/16

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. Corrective Action Plan issued with no plan of correction due to CTA. Home will be recertified for two years for two clients.

Compliance Manager

Elisha Acol

Primary Care Giver

4-27-16
Date

4-27-16
Date