

Foster Family Home - Corrective Action Report

Provider ID: 3-511990

Home Name: Emily Topenio, CNA

Review ID: 3-511990-3

73-1116 Kaiminani Drive

Reviewer:

Kailua-Kona HI 96740

Begin Date: 7/28/2016

End Date: 7/28/16

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 three clients for two years.

Compliance Manager

Emily Topenio
Primary Care Giver

7/28/16
Date

7/28/16
Date

