

Foster Family Home - Corrective Action Report

Provider ID: 2-160031

Home Name: Emorita Mikul, CNA

Review ID: 2-160031-1

1624 Haleloke St.

Reviewer:

Hilo HI 96720

Begin Date: 6/8/2016

End Date: 6-9-16

Foster Family Home Required Certificate

[17-1454-6]

6 (d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Survey performed to certify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA.

Compliance Manager

Emorita Mikul

Primary Care Giver

6-9-16
Date

6-9-16

Date