

Foster Family Home - Corrective Action Report

Provider ID: 2-577364

Home Name: Grace Jadulang, LPN

1674 Oneawa Way

Hilo

HI 96720

Review ID: 2-577364-4

Reviewer:

Begin Date: 4/13/2016

End Date:

4/22/16

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. Home will be recertified for two years for three clients.

Compliance Manager

Grace Jadulang

Primary Care Giver

Date

4-22-16

Date

4/15/16