

# Foster Family Home - Corrective Action Report

Provider ID: 2-160011

Home Name: Linda Kuba

Review ID: 2-160011-1

2569 Pulima Drive

Reviewer:

Hilo HI 96720

Begin Date: 3/24/2016

End Date: 3/24/16

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. Home will be certified for two clients for one year.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

3-24-2016

\_\_\_\_\_  
Date