

# Foster Family Home - Corrective Action Report

Provider ID: 2-120043

Home Name: Maria Margarita Velez, CNA

Review ID: 2-120043-8

165 S. Wilder Rd.

Reviewer:

Hilo

HI 96721

Begin Date: 7/27/2016

End Date: 7/27/16

Foster Family Home

Required Certificate

[17-1454-6]

5.(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 Report issued with no plan of correction due to CTA. Home will be recertified for two clients for two years.

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

*Maria Margarita Velez*  
\_\_\_\_\_  
Primary Care Giver

*7/27/16*  
\_\_\_\_\_  
Date

*7/27/16*  
\_\_\_\_\_  
Date