

# Foster Family Home - Corrective Action Report

Provider ID: 2-160008

Home Name: Marieta Reyes

Review ID: 2-160008-1

74-5209 Kauwela Place

Reviewer:

Kailua-Kona HI 96740

Begin Date: 3/1/2016

End Date: 3/1/16

Foster Family Home - Required Certificate

[17-1454-6]

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

Comment:

Survey performed for new home application with two clients. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA.

Compliance Manager

*Marieta D. Reyes*

Primary Care Giver

Date

*3/1/16*

Date