

# Foster Family Home - Corrective Action Report

Provider ID: 2-559792

Home Name: Marjorie Foronda, CNA

Review ID: 2-559792-4

17-186 Ipuaiwaha Street

Reviewer:

Keaau HI 96749

Begin Date: 8/3/2016

End Date: 8-03-16

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 to CTA.

Compliance Manager

Myeronda  
Primary Care Giver

8-03-16  
Date

8-3-16  
Date