

Foster Family Home - Corrective Action Report

Provider ID: 2-560062

Home Name: Rufella Tomas, LPN

45-496 Anallo Place

Honokaa

HI 96727

Review ID: 2-560062-3

Reviewer:

Begin Date: 12/7/2016

End Date:

12/7/16

Foster Family Home

Required Certificate

[17-1454-8]

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

Compliance Manager

Rufella B. Tomas

Primary Care Giver

12/7/16
Date

12/7/16
Date