

Foster Family Home - Corrective Action Report

Provider ID: 2-585599

Home Name: Susana Caban, CNA

Review ID: 2-585599-6

204 A East Kinal Place

Reviewer:

Hilo HI 96720

Begin Date: 4/13/2016

End Date: 4/13/16

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

Compliance Manager

Susana P. Caban
Primary Care Giver

4-13-16
Date

4/13/2016
Date