

# Foster Family Home - Corrective Action Report

Provider ID: 1-170001

Home Name: Eva Suga

Review ID: 1-170001-1

128 Plum Street

Reviewer:

Wahiawa

HI 96786

Begin Date: 1/31/2017

End Date:

1/31/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6.d.1 Home visit made under special circumstances due to death of previous PCG. Home is being processed outside of normal parameters since there is one hospice client remaining in the home. All requirements met at the time of review.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date