

Foster Family Home - Corrective Action Report

Provider ID: 2-170007

Home Name: Kathrina Pascua, RN

Review ID: 2-170007-1

151865 Poni Moi St.

Reviewer:

Keaau

HI 96749

Begin Date: 2/22/2017

End Date: 2/27/17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter, and

Comment:

New home visit survey performed to certify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a one year certification for two clients.

Compliance Manager

Kathrina Pascua
Primary Care Giver

2/27/17
Date

2/27/17
Date