

Foster Family Home - Corrective Action Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

425 Ainaola Drive

Hilo HI 96720

Review ID: 2-509789-3

Reviewer: [REDACTED]

Begin Date: 5/17/2017

End Date: 5/30/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit survey performed to recertify 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 two year recertification for two clients.

Compliance Manager

Erlinda Mirasol

Primary Care Giver

Date

5/19/17

Date