

# Foster Family Home - Corrective Action Report

Provider ID: 2-160026

Home Name: Dy Elma Akiyama, NA

Review ID: 2-160026-2

124 Alaloe Rd.

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 4/19/2017

End Date: 4-20-17

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.

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

*Elma*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*4/19/17*  
\_\_\_\_\_  
Date