

Foster Family Home - Corrective Action Report

Provider ID: 2-578817

Home Name: Lily Jacinto, CNA

Review ID: 2-578817-3

73-1158 Ala Kapua Street

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 7/3/2017

End Date: 7/13/17

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 three client home. Home in compliance on day of survey. Corrective Action Report issued with no Plan of Correction due to CTA.

Carol Copeland RN MSN
Compliance Manager

7-3-17
Date

Lily Jacinto
Primary Care Giver

7-3-17
Date