

# Foster Family Home - Corrective Action Report

Provider ID: 2-090055

Home Name: Joane Cariaga, CNA

Review ID: 2-090055-7

25-56 Ua Nahele St.

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 7/26/2017

End Date: 7/27/17

Foster Family Home

Required Certificate

[17-1454-6]


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

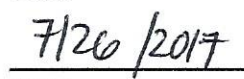
Comment:

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 one year recertification for two clients.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date