

Foster Family Home - Corrective Action Report

Provider ID: 2-100096

Home Name: Loriella Fiesta, CNA

Review ID: 2-100096-5

16-2088 Emerald Drive,
#1184

Reviewer: Carol Copeland

Pahoa HI 96778

Begin Date: 7/19/2017

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 three 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 three clients.


Compliance Manager


Date


Primary Care Giver


Date