

# Foster Family Home - Corrective Action Report

Provider ID: 2-625311

Home Name: Lovely Tongpalan, CNA

Review ID: 2-625311-5

16-1656 34th Avenue,  
Orchidland Estates

Reviewer: Carol Copeland

Keaau

HI 96749

Begin Date: 3/1/2017

End Date: 3/7/17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit survey to recertify three client home. Home in compliance on day of survey. Home is eligible for two year recertification for three clients.

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

*u. Long*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*3-1-17*  
\_\_\_\_\_  
Date