

Foster Family Home - Corrective Action Report

Provider ID: 2-632887

Home Name: Michelle Champion, CNA

Review ID: 2-632887-4

14-3433 Nanawale Boulevard

Reviewer: Carol Copeland

Pahoa HI 96778

Begin Date: 6/28/2017

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 two year recertification for two clients.



Compliance Manager


Primary Care Giver

6/29/17
Date
7/19/17
Date