

Foster Family Home - Corrective Action Report

Provider ID: 1-140058

Home Name: Mildred Dela Cruz, CNA

Review ID: 1-140058-3

2665 Waiianuhea Way

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 two year recertification for two clients.

Carol Copeland RN MSN

Compliance Manager

7/26/17

Date

Maryann

Primary Care Giver

7/26/17

Date