

Foster Family Home - Corrective Action Report

Provider ID: 2-160033

Home Name: Olga Shkredko, CNA

14-790 Seaview Road

Nanawale HI 96778

Review ID: 2-160033-2

Reviewer: Carol Copeland

Begin Date: 4/12/2017

End Date: 4-14-17

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

Olga Shkredko

Primary Care Giver

4/10/17
Date

4/13/17
Date

Date