

Foster Family Home - Corrective Action Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA

Review ID: 2-130010-4

177 East Kinai Place

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 4/19/2017

End Date: 4-20-17

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 two year recertification for three clients.

Compliance Manager



Primary Care Giver

Date

04/19/17

Date