

Foster Family Home - Corrective Action Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

15-1991 Poni Moi 29th St.

Keaau

HI 96749

Review ID: 2-614992-7

Reviewer: Carol Copeland

Begin Date: 8/23/2017

End Date: 9/5/17

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 change from two to three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction to be sent to CTA. Home is eligible for a one year certification for three clients.

Carol Copeland RN MSN
Compliance Manager

Guillermo McLean
Primary Care Giver

9/5/17
Date

8/23/17
Date