

Foster Family Home - Corrective Action Report

Provider ID: 2-512112

Home Name: Luzonica Dela Rosa, CNA

45-3244 Ohia Street

Honokaa

HI 96727

Review ID: 2-512112-6

Reviewer: Carol Copeland

Begin Date: 7/5/2017

End Date: 8/10/17

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.

Carol Copeland

Compliance Manager

Luzonica M. Dela Rosa

Primary Care Giver

7-5-17

Date

1-05-2017

Date