

Foster Family Home - Corrective Action Report

Provider ID: 2-130042

Home Name: Romeo Salom, Jr., CNA

Review ID: 2-130042-4

479 Luakaha Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 8/23/2017

End Date: 8/31/17

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

Carol Copeland RN, MSW
Compliance Manager

8/24/17
Date

[Signature]
Primary Care Giver

8/24/2017
Date