

Foster Family Home - Corrective Action Report

Provider ID: 2-110065

Home Name: Marilyn Foster, CNA

Review ID: 2-110065-11

74-1451 Hao Kuni St.

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 9/19/2017

End Date: 9/21/17

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 a two year recertification for three clients.

Carol Copeland RN MSN
Compliance Manager

9/19/17
Date

Marilyn Foster
Primary Care Giver

9-19-2017
Date