

Foster Family Home - Corrective Action Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-6

58 West Naauao Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 9/20/2017

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. Home is eligible for a two year recertification for three clients.

Carol Copeland RCM
Compliance Manager

Marisa Viernes LPN
Primary Care Giver

9/20/17
Date

9/20/17
Date