

Foster Family Home - Corrective Action Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-6

15-1385 29 Poni Moi Street

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 9/13/2017

End Date: 9/21/17

Foster Family Home

Required Certificate

[17-1454-6]

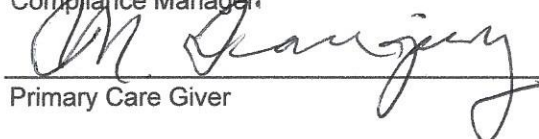
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.


Compliance Manager

9-13-17
Date


Primary Care Giver

9/13/17
Date