

Foster Family Home - Corrective Action Report

Provider ID: 2-160075

Home Name: Rachiel Corpuz, CNA

Review ID: 2-160075-2

16-508 Ohe St.

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 two 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 two clients.

Carol Copeland RN MSW
Compliance Manager

9-13-17
Date

~~Rachiel Corpuz~~
Primary Care Giver

9-13-17
Date