

# Foster Family Home - Corrective Action Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-6

15-1587 Naupaka St, 23rd St

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 10/25/2017

End Date: 10-27-17

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

10-25-17  
Date

  
Primary Care Giver

10-25-17  
Date