

Foster Family Home - Corrective Action Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

Review ID: 2-583212-5

1335 Kaiwika Road

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 11/1/2017

End Date: 11-3-17

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

Carol Copeland RN MSW
Compliance Manager

11-1-17
Date

[Signature]
Primary Care Giver

11-1-17
Date