

# Foster Family Home - Corrective Action Report

Provider ID: 2-591835

Home Name: Aileen Navalta, CNA

Review ID: 2-591835-8

18-7861 Henele Rd.

Reviewer: Carol Copeland

Mt. View HI 96771

Begin Date: 1/24/2018

End Date: 1-25-18

Foster Family Home


Required Certificate

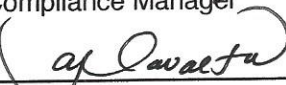
[17-1454-6]

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

  
\_\_\_\_\_  
Primary Care Giver

1-24-18  
Date

Jan. 24, 2018  
Date