Foster Family Home - Corrective Action Report

rovider ID:

2-100018

ome Name:

Estelita Casino, CNA

Review ID:

2-100018-4

5-652 Puhoaloha Place

Reviewer:

Carol Copeland

ailua-Kona

HI 96740

Begin Date:

1/10/2018

End Date: /-/8-/8

oster Family Home

Required Certificate

[17-1454-6]

(d)(1)

Comply with all applicable requirements in this chapter; and

omment:

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.