

# Foster Family Home - Corrective Action Report

Provider ID: 2-090130

Home Name: Marilyn Purganan, CNA

Review ID: 2-090130-6

73-1051 Kuuleialoha Circle

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 11/21/2017

End Date: 1/02/18

Foster Family Home


Required Certificate

[17-1454-6]

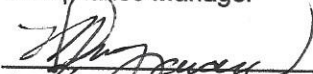
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Home is eligible for a two year recertification for two clients.

  
\_\_\_\_\_  
Compliance Manager

11/24/17  
Date

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

11/24/17  
Date