

Foster Family Home - Corrective Action Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-3

64-5305 Hoohoa St.

Reviewer: Carol Copeland

Kamuela

HI 96743

Begin Date: 5/3/2018

End Date: 5-7-18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.

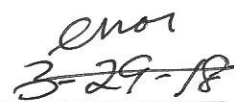


Compliance Manager



Primary Care Giver

4-29-18



Date

4/29/18

Date