

# Foster Family Home - Corrective Action Report

Provider ID: 2-160008

Home Name: Marieta Reyes, CNA

74-5209 Kauwela Place

Kailua-Kona

HI 96740

Review ID: 2-160008-4

Reviewer: Carol Copeland

Begin Date: 4/20/2018

End Date: 4-23-18

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 three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSN  
Compliance Manager

Marieta D. Reyes  
Primary Care Giver

4/20/18  
Date

4/20/18  
Date