

Foster Family Home - Corrective Action Report

Provider ID: 2-559792

Home Name: Marjorie Foronda, CNA

Review ID: 2-559792-5

17-186 Ipuaiwaha Street

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 6/14/2018

End Date: 6-15-18

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 CT.

Carol Copeland RN MSW

Compliance Manager

6-14-18

Date

Marjorie Foronda

Primary Care Giver

6/14/18

Date