

Foster Family Home - Corrective Action Report

Provider ID: 2-585599

Home Name: Susana Caban, CNA

204 A East Kinai Place

Hilo HI 96720

Review ID: 2-585599-7

Reviewer: Carol Copeland

Begin Date: 4/12/2018

End Date: 5-14-18

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 MSW
Compliance Manager

5/2/18
Date

Susana Caban
Primary Care Giver

05-02-2018
Date