

# Foster Family Home - Corrective Action Report

Provider ID: 2-160049

Home Name: Wendy Anches, CNA

Review ID: 2-160049-3

1263 Puhau Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/7/2018

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 change from two client to 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

Wendy G. M. Anches  
Primary Care Giver

6-7-18  
Date

06-07-18  
Date