

# Foster Family Home - Corrective Action Report

Provider ID: 2-512112

Home Name: Luzonica Dela Rosa, CNA

45-3244 Ohia Street

Honokaa

HI 96727

Review ID: 2-512112-8

Reviewer: Carol Copeland

Begin Date: 7/5/2018

End Date: 7/12/18

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

  
Compliance Manager

7/5/18  
Date

  
Primary Care Giver

7-05-18  
Date