

Foster Family Home - Corrective Action Report

Provider ID: 2-120043

Home Name: Maria Margarita Velez, CNA

Review ID: 2-120043-7

165 S. Wilder Road

Reviewer: Carol Copeland

Hilo HI 96721

Begin Date: 7/19/2018

End Date: 7-20-18

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



Compliance Manager

7-19-18
Date



Primary Care Giver

7-19-18
Date