

Foster Family Home - Corrective Action Report

Provider ID: 2-613811

Home Name: Rachel Castro, CNA

Review ID: 2-613811-4

882 Kupulau Road

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/7/2018

End Date: 6/25/18

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

6-7-18
Date



Primary Care Giver

6-7-18
Date