

Foster Family Home - Corrective Action Report

Provider ID: 2-590374

Home Name: Maritess Tenorio, CNA

15-1622 31st Avenue

Keaau

HI 96749

Review ID: 2-590374-6

Reviewer: Carol Copeland

Begin Date: 8/2/2018

End Date: 8/6/18

Foster Family Home

Required Certificate

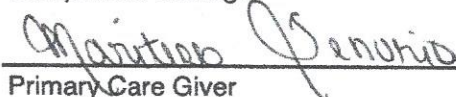
[17-1454-6]

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.


Compliance Manager


Primary Care Giver


Date


Date