

Foster Family Home - Corrective Action Report

Provider ID: 2-130041

Home Name: Sandra Kapela, CNA

Review ID: 2-130041-5

2481 Kinoole Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: ~~8/23/2018~~
8/30/18

End Date: 9/5/18

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 inspection 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.

Carol Copeland RN MSN
Compliance Manager

8-30-18
Date

Sandra S. Fowler
Primary Care Giver

08/30/18
Date