

Foster Family Home - Corrective Action Report

Provider ID: 2-150051

Home Name: Scott Stubbert, RN

16-1510 Pohaku Circle

Kea'au HI 96749

Review ID: 2-150051-3

Reviewer: Carol Copeland

Begin Date: 8/16/2018

End Date: 8-20-18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

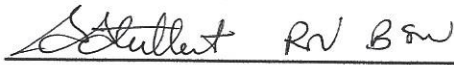
Comment:

6.(d)(1) Home inspection 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

8-16-18
Date



Primary Care Giver

8-16-18
Date