

# Foster Family Home - Corrective Action Report

Provider ID: 2-559122

Home Name: Esmeralda Miyazaki, CNA

Review ID: 2-559122-5

68 D. Wainaku Avenue

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 10/4/2018

End Date: 10-23-18

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

(d)(1) Home inspection performed to change to three client home home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSW  
Compliance Manager

10-23-18  
Date

Esmeralda Miyazaki  
Primary Care Giver

10/15/18  
Date