

Foster Family Home - Corrective Action Report

Provider ID: 3-511239

Home Name: Evelyn Isabelo, CNA

Review ID: 3-511239-4

74-4987 E. Palani Road

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 9/26/2018

End Date: 9/27/18

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 inspection. Corrective action report issued with no plan of correction due to CTA.

Compliance Manager

Carol Copeland RN MSW

9/26/2018

caregiver *Evelyn D. Isabelo*

9/26/2018