

Foster Family Home - Corrective Action Report

Provider ID: 2-614992

Home Name: La Vonnie Fikes, CNA

15-1991 Poni Moi 29th St.

Keaau HI 96749

Review ID: 2-614992-9

Reviewer: Carol Copeland

Begin Date: 8/30/2018

End Date: 10-1-18

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.

Carol Copeland
Compliance Manager

9-12-18
Date

LaVonnie M Enos
Primary Care Giver

9/12/2018
Date