

Foster Family Home - Corrective Action Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

Review ID: 3-625022-4

74-5093 Kumakani Street

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 10/18/2018

End Date: 10-29-18

Foster Family Home


Required Certificate


[17-1454-6]

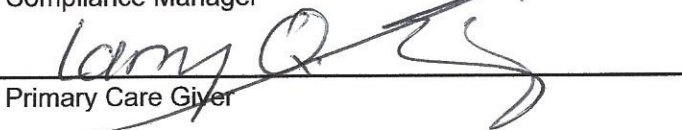
6.(d)(1) Comply with all applicable requirements in this chapter; and

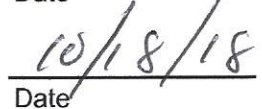
Comment:

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


Date


Primary Care Giver


Date