

Foster Family Home - Corrective Action Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-5

73-1094 Kaiminani Drive

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 9/13/2018

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 Ransom
Compliance Manager

9-13-18
Date

Nilda G. Whiting
Primary Care Giver

9-13-18
Date