Foster Family Home - Corrective Action Report

Provider ID: **2-512328**

Home Name: **Arsenio Lopez, CNA**

920 Puku Street

Hilo HI 96720

Review ID: **2-512328-4**

Reviewer: Carol Copeland

Begin Date: 6/21/2017 End Date: 6/26/17

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

Carol Copeland RN MSN
Compliance Manager

6/2/17
Date

Primary Care Giver

6/2/17
Date

6/21/2017 12:20 PM