

Foster Family Home - Corrective Action Report

Provider ID: 2-631285

Home Name: Berlinda Villa, CNA

Review ID: 2-631285-4

16-518 Ohe Street

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 11/15/2017

End Date: 11/16/17

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 change from two client to 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 one year recertification for three clients.



Compliance Manager



Date



Primary Care Giver



Date