

Foster Family Home - Corrective Action Report

Provider ID: 2-130038

Home Name: Irene Vidad, CNA

449 Mauna Iho Place

Hilo HI 96720

Review ID: 2-130038-4

Reviewer: Carol Copeland

Begin Date: 8/9/2017

End Date: 8/17/17

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 two 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 two clients.

Carol Copeland RN MSN

Compliance Manager

[Signature]

Primary Care Giver

8/10/17

Date

8/11/17

Date