

# Foster Family Home - Corrective Action Report

Provider ID: 2-000004

Home Name: Leonor Malvar, CNA

Review ID: 2-000004-6

16-1325 35th Avenue Pohaku  
Drive

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 10/18/2017

End Date: 10-19-17

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

10-18-17  
Date

[Signature]  
Primary Care Giver

10/18/2017  
Date