

Foster Family Home - Corrective Action Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-6

15-1617 31st 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 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 MSW
Compliance Manager

11-15-17
Date

Marfe Retundo
Primary Care Giver

11/15/17
Date