

Foster Family Home - Corrective Action Report

Provider ID: 2-599087

Home Name: Nercy Kramarz, CNA

27-224 Old Mamalahoa Hwy

Papaikou

HI 98781

Review ID: 2-599087-6

Reviewer: Carol Copeland

Begin Date: 11/8/2017

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, MSN
Compliance Manager

[Signature]
Primary Care Giver

11-09-17
Date

11-09-17
Date