

Foster Family Home - Corrective Action Report

Provider ID: 2-170020

Home Name: Ruth Cabal, CNA

Review ID: 2-170020-1

2317 Awapuhi St.

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/22/2017

End Date: 6/26/17

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 certify new 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 certification for two clients.

Carol Copeland RN, MSN
Compliance Manager

6/22/17
Date

[Signature]
Primary Care Giver

6-22-17
Date