Foster Family Home - Corrective Action Report

Provider ID: **2-573651**

Home Name: **Sherill Andres, CNA** **Review ID:** **2-573651-3**

15-1571 22nd Ave, Kaloli Drive Reviewer: Carol Copeland

Keaau HI 96749 Begin Date: 2/8/2017 End Date: 2/13/17

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 two year recertification for three clients.

Carol Copeland RN MSW 2/8/17

Compliance Manager Date

2/8/17

Primary Care Giver Date