

Foster Family Home - Corrective Action Report

Provider ID: 2-120004

Home Name: Estelle Leslie, CNA

2290 Awapuhi Street

Hilo HI 96720

Review ID: 2-120004-7

Reviewer: Carol Copeland

Begin Date: 2/26/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RA MSR

Compliance Manager

Estelle Leslie

Primary Care Giver

2/26/19

Date

2/26/19

Date