

Foster Family Home - Corrective Action Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

425 Ainaola Drive

Hilo

HI 96720

Review ID: 2-509789-4

Reviewer: Carol Copeland

Begin Date: 4/24/2019

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 two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSW

Compliance Manager

Erlinda Mirasol

Primary Care Giver

4/24/19
Date

4-24-19
Date