

Foster Family Home - Corrective Action Report

Provider ID: 3-635310

Home Name: Bernadette Carlson, CNA

Review ID: 3-635310-7

74-801 Uluaoa Street

Reviewer: Lori O'Keefe

Kailua-Kona HI 96740

Begin Date: 4/21/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted in the 3 client home. Home is in full compliance on the day of inspection.

Lori O'Keefe RN
Compliance Manager

4/24/2020
Date

Bernadette R. Carlson
Primary Care Giver

4/24/20
Date