

Foster Family Home - Corrective Action Report

Provider ID: 2-150033 2-150033

Home Name: Elisha Marie Acol, CNA

64-5305 Hoohoa Street

Kamuela

HI 96743

Review ID: 2-150033-5

Reviewer: Lori O'Keefe

Begin Date: 4/22/2020

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 for this 2 client home. The home was in compliance on day of inspection. Corrective action report was issued via email on 4/24/2020. No corrections are needed.

Lori O'Keefe RN

Compliance Manager

Elisha Acol

Primary Care Giver

4/24/2020

Date

4-24/2020

Date