

Foster Family Home - Corrective Action Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

Review ID: 2-509789-6

425 Ainaola Drive

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 4/30/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Annual inspection conducted for this 2 bed home. The home is in compliance on day of inspection with the sections reviewed.

Lori O'Keefe RN

Compliance Manager

4/30/2020

Date

Erlinda Mirasol

Primary Care Giver

5/04/2020

Date