

Foster Family Home - Corrective Action Report

Provider ID: 2-595861

Home Name: Lorylin Mirasol, CNA

Review ID: 2-595861-7

1397 Kuulei Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 5/11/2020

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 3 bed home. Home is in compliance with sections reviewed on the day of inspection.

Lori O'Keefe, RN

Compliance Manager

Lorylin Mirasol

Primary Care Giver

5/11/2020

Date

5/11/20

Date