

Foster Family Home - Corrective Action Report

Provider ID: 2-150033

Home Name: Elisha Marie Acol, CNA

Review ID: 2-150033-1

64-5305 Hoohoa St.

Reviewer:

Kamuela HI 96743

Begin Date: 7/17/2015

End Date: 7/28/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit done on 7/17/15 to survey for new 2 client home application. Home not in compliance on day of survey. Out of compliance/deficiencies include:

SCG is needed before home can be opened.

PCG to submit all documentation to CTA within 20 days of this survey.

Compliance Manager  
*Elisha Marie Acol*  
Primary Care Giver

*7/17/15*  
Date  
*7/17/15*  
Date

7/17/15

I had my survey today I will to find  
an SCG, Rule Number

I did not know I needed an SCG.

I will learn the rules and follow through with everything  
that is needed. I will send documentation to CTA  
as soon as possible and use my cell phone  
calendar reminder to stay up to date

*Elisha Marie Acol 7/17/15*