

Foster Family Home - Corrective Action Report

Provider ID: 2-100110

Home Name: Josephine Ganancial, CNA

Review ID: 2-100110-4

2015 Kaumana Drive

Reviewer:

Hilo HI 96720

Begin Date: 1/27/2016

End Date

1/27/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment

Survey performed for recertification. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be recertified for two years for three clients

[Redacted Signature]

Compliance Manager

[Redacted Signature]

1/27/16
Date

01-27-16
Date