

Foster Family Home - Corrective Action Report

Provider ID: 2-150025

Home Name: Marissa Gaspar, CNA

Review ID: 2-150025-2

81-916 Manawa St

Reviewer:

Kealahou

HI 96750

Begin Date: 2/23/2016

End Date:

2/23/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

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