

Foster Family Home - Corrective Action Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-3

75-202 Ala Onaona Street

Reviewer:

Kailua-Kona HI 96740

Begin Date: 9/29/2016

End Date: 10-27-16

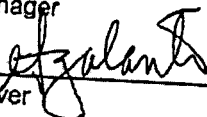
Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Survey performed to recertify two client home. 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 two clients.

Compliance Manager



Primary Care Giver

10/27/16

Date

10/27/16

Date