

Foster Family Home - Corrective Action Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-3

45-3329 Ulu Street

Reviewer:

Honokaa

HI 96727

Begin Date: 7/6/2016

End Date: 7/6/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Survey performed to certify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be certified for three clients for one year.

Compliance Manager

Primary Care Giver

C. Gacula

Date

Date

7-6-16

7/6/16