

# Foster Family Home - Corrective Action Report

Provider ID: 2-510687

Home Name: Teresita Caspal, CNA

Review ID: 2-510687-4

15-1368 Poni Moi Street

Reviewer:

Keaau

HI 96749

Begin Date: 5/4/2016

End Date: 5/4/16

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 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 recertified for three clients for two years.

\_\_\_\_\_  
Compliance Manager

*Teresita Caspal*  
\_\_\_\_\_  
Primary Care Giver

5-4-16  
Date

5-4-2016  
Date