

Foster Family Home - Corrective Action Report

Provider ID: 1-160094

Home Name: Love Grace Gallicinao, CNA

Review ID: 1-160094-1

1854 Kamehameha IV Road

Reviewer:

Honolulu HI 96819

Begin Date: 1/3/2017

End Date: 1/9/2017

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

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

Comment:

6.(d)(1) Home visit on 1/3/2017 for recertification of a 3-bed where there is a transfer of primary caregiver (PCG) from one PCG to the other. No corrective action required. Home is eligible for a 1 year 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date

01/03/17