

Foster Family Home

Provider ID: 2-150025

Home Name: Marissa Gaspar, CNA

Review ID: 2-150025-4

81-916 Manawa St

Reviewer: Carol Copeland

Kealahou HI 96750

Begin Date: 3/25/2017

End Date: 3/28/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit 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.

Compliance Manager


Primary Care Giver

Date

3/28/17
Date