

Foster Family Home - Corrective Action Report

Provider ID: 2-559487

Home Name: Gracia Agcaoili, CNA

Review ID: 2-559487-5

168 Kohola Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 2/22/2018

End Date: 2/26/18

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 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.

Carol Copeland RN MSW
Compliance Manager

Gracia Agcaoili
Primary Care Giver

2/22/18
Date

2/22/18
Date