

Foster Family Home - Corrective Action Report

Provider ID: 2-100110

Home Name: Josephine Ganancial, CNA

Review ID: 2-100110-5

2015 Kaumana Drive

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 1/17/2018

End Date: 2-07-18

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. Home is eligible for a two year recertification for three clients.

Carol Copeland
Compliance Manager

1-30-18
Date

JGanancial
Primary Care Giver

01-30-2018
Date