

# Foster Family Home - Corrective Action Report

Provider ID: 2-510687

Home Name: Teresita Cacpal, CNA

15-1368 Poni Moi Street

Keaau HI 96749

Review ID: 2-510687-5

Reviewer: Carol Copeland

Begin Date: 4/26/2018

End Date:

5/14/18

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 MSN  
Compliance Manager

Teresita cacpal  
Primary Care Giver

5/14/18  
Date

5-8-2018  
Date