

Foster Family Home - Corrective Action Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-5

45-3329 Ulu Street

Reviewer: Carol Copeland

Honokaa HI 96727

Begin Date: 7/5/2018

End Date: 7/12/18

Foster Family Home

Required Certificate

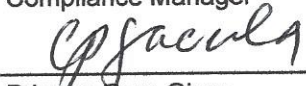
[17-1454-6]

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

Comment:

6.(d)(1) Home visit survey performed to recertify ~~two~~ ^{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

7-5-18
Date

7-5-18
Date