

# Foster Family Home - Corrective Action Report

Provider ID: 2-170010

Home Name: Cecilia Gancina, CNA

Review ID: 2-170010-3

4-252 Hoolauae St.

Reviewer: Carol Copeland

Honolulu HI 96727

Begin Date: 7/19/2018

End Date: 7-20-18

Foster Family Home Required Certificate

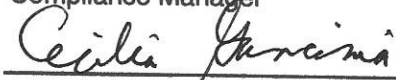
[17-1454-6]

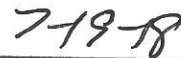
(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

(d)(1) Home visit survey performed to recertify two 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



Date