

# Foster Family Home - Corrective Action Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-4

75-202 Ala Onaona Street

Reviewer: Carol Copeland

Kailua-Kona HI 96740

Begin Date: 9/13/2018

End Date: 10-23-18

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 inspection performed to recertify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSW  
Compliance Manager

10/16/18  
Date

Elizabeth Galanto  
Primary Care Giver

9/13/18  
Date