

Foster Family Home - Corrective Action Report

Provider ID: 1-180068

Home Name: Emily Erice-Gasmen, CNA

Review ID: 1-180068-1

2204 Komo Mai Drive

Reviewer: Lori O'Keefe

Pearl City HI 96782

Begin Date: 10/17/2018

End Date: 10/17/18

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

New home inspection done today. Home is in full compliance with regulations and is eligible for a 1 year 2 client certification.

Lori O'Keefe RN
Compliance Manager

[Signature]
Primary Care Giver

10/17/18
Date

10/17/18
Date