Foster Family Home - Corrective Action Report

rovider ID: 2-170010

ome Name: Cecilia Gancinia, CNA

4-252 Hoolauae St.

onokaa HI 96727

Review ID: 2-170010-2

Reviewer: Carol Copeland

Begin Date: 9/26/2017 End Date: 10-13-17

oster Family Home **Required Certificate** **[17-1454-6]**

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

omment:

ome visit survey performed to certify two client home. Home in compliance on day of survey. Corrective Action Report sued with no plan of correction due to CTA. Home is eligible for a one year certification for two clients.

Carol Copeland RN, MSN
Compliance Manager

10-13-17
Date

Cecilia D. Gancinia
Primary Care Giver

10-5-17
Date