

Foster Family Home - Corrective Action Report

Provider ID: 2-582769

Home Name: Marisol Galzote, CNA

Review ID: 2-582769-4

1506 Mailani Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/21/2017

End Date: 6-26-17

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

Carol Copeland MSW
Compliance Manager

Marisol Galzote
Primary Care Giver

6/21/17
Date

6/21/17
Date