

# Foster Family Home - Corrective Action Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-7

45-3329 Ulu Street

Reviewer: Lori O'Keefe

Honoka'a HI 96727

Begin Date: 5/8/2020

Foster Family Home Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted for this 3 bed home. The home was in full compliance on the day of inspection.

*Lori O'Keefe, RN*

Compliance Manager

5/8/2020

Date

*Catherine Gacula, CNA*

Primary Care Giver

5/8/2020

Date