

Foster Family Home - Corrective Action Report

Provider ID: 1-200019

Home Name: Precy Gelacio, NA

Review ID: 1-200019-4

91-812 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/9/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.


Compliance Manager


Primary Care Giver

3/9/21
Date
3/9/21
Date