

# Foster Family Home - Corrective Action Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-9

45-3329 Ulu Street

Reviewer: Terri Van Houten

Honoka'a HI 96727



Begin Date: 6/24/2021

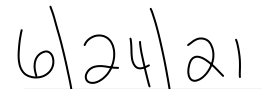
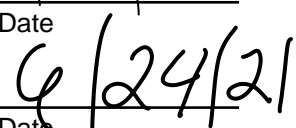
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date