

Foster Family Home - Deficiency Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-15

45-3329 Ulu Street

Reviewer: David Ayling

Honoka'a HI 96727

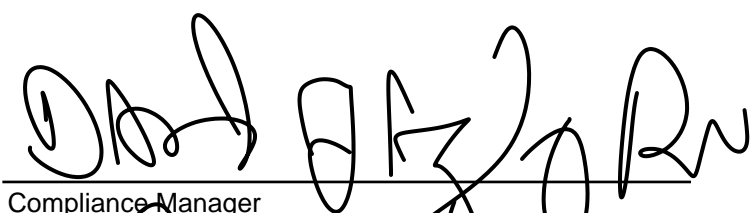
Begin Date: 5/20/2024

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

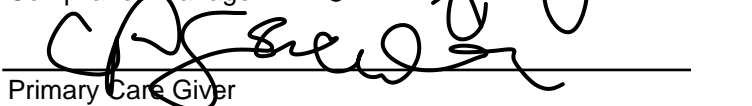
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

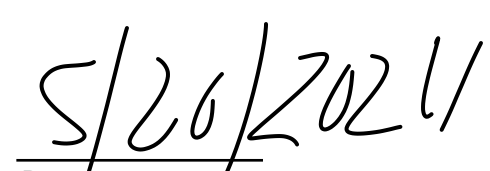
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



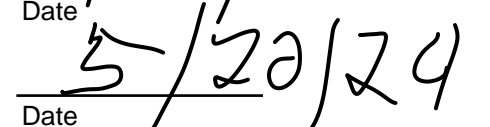
Compliance Manager



Primary Care Giver



Date



Date