

# Foster Family Home - Corrective Action Report

Provider ID: 1-577695

Home Name: Daisy Ganancial, CNA

Review ID: 1-577695-3

92-366 Waiomea Street

Reviewer:

Kapolei HI 96707

Begin Date: 8/31/2015

End Date: 8/31/15

Foster Family Home

Required Certificate

[17-1454-6]

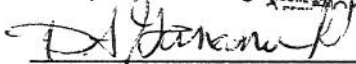
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 8/31/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

8/31/15

Date

8-31-15

Date