

Foster Family Home - Corrective Action Report

Provider ID: 2-624967

Home Name: Margaret Danielewski, CNA

Review ID: 2-624967-2

15-1987 31st Avenue

Reviewer:

Keaau

HI 96749

Begin Date: 3/10/2015

End Date: 3/10/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 3/10/15 to survey this 3 client home for recertification. Home in compliance on day of review. Home is eligible to be recertified for two years for three clients.

Compliance Date

Manager

Primary Date

Care Giver

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3/11/2015

15:10 PM