

Foster Family Home - Corrective Action Report

Provider ID: 1-598427

Home Name: Mildred Dacoco, CNA

Review ID: 1-598427-3

1931 Waikahe Place

Reviewer:

Honolulu HI 96819

Begin Date: 12/29/2015

End Date: 12/29/15

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 12/29/15. Home is in compliance with all requirements: Home will receive a 2 year 3 bed certification.

Compliance Manager



Primary Care Giver

Date

12/29/15

Date

12-29-15