

Foster Family Home - Corrective Action Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-6

¹⁴³⁰
130 Haloa Drive

Reviewer:

Honolulu

HI 96818

Begin Date: 1/12/2015

End Date: 1/12/16

Foster Family Home

Required Certificate

[17-1454-6]

¹⁷⁵⁴⁻⁶
(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home survey for recertification of three client CCFFH 1/12/2016. All requirements met at time of review. *2 yr cert.*

Compliance Manager

Primary Care Giver

Date

Date