

# Foster Family Home - Corrective Action Report

Provider ID: 1-140057

Home Name: Daisy Kaneshi, CNA

Review ID: 1-140057-4

94-535 Ana Aina Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/29/2017

End Date: 6/29/17

Foster Family Home

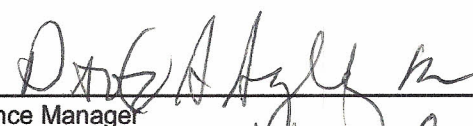
Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 6/29/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date