

Foster Family Home - Corrective Action Report

Provider ID: 2-624967

Home Name: Margaret Danielewski, CNA

Review ID: 2-624967-3

15-1987 31st Avenue

Reviewer: Carol Copeland

Keaau

HI 96749

Begin Date: 3/1/2017

End Date: 3/7/17

Foster Family Home

Required Certificate

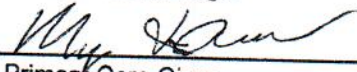
[17-1454-6]

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


Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Home is eligible for two year recertification for three clients.

Compliance Manager


Primary Care Giver

Date


Date