

Foster Family Home - Corrective Action Report

Provider ID: 1-577695

Home Name: Daisy Ganancial, CNA

Review ID: 1-577695-4

92-366 Waiomea Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 9/6/2017

End Date: 9/6/17

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 9/6/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling RN
Compliance Manager
Daisy Ganancial
Primary Care Giver

9/6/17
Date
9-6-17
Date