

Foster Family Home - Corrective Action Report

Provider ID: 1-588931

Home Name: Nancy Daproza, CNA

Review ID: 1-588931-5

1326 Hooli Circle

Reviewer: Sue Lo

Pearl City HI 96782

Begin Date: 5/25/2017

End Date:

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 5/25/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Nancy A Daproza

Primary Care Giver

Date

5/25/17

Date