

Foster Family Home - Corrective Action Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-10

1430 Haloa Drive

Reviewer: Pamela Perry

Honolulu HI 96818

Begin Date: 5/28/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Home visit made on 5/28/2020 for 3bed CCFFH Annual Inspection. Home in compliance with all regulations.

Compliance Manager

Primary Care Giver

Date

Date