

# Foster Family Home - Corrective Action Report

Provider ID: 1-140057

Home Name: Daisy Kaneshi, CNA

Review ID: 1-140057-8

94-535 Ana Aina Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/18/2021

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

-----  
Comment:

Unannounced recertification for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN 6/18/2021  
Compliance Manager      Date  
Daisy Kaneshi      6/18/2021  
Primary Care Giver      Date