

Foster Family Home - Deficiency Report

Provider ID: 1-598427

Home Name: Mildred Dacoco, CNA

Review ID: 1-598427-17

1931 Waikahe Place

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/26/2025

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 inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/26/25.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM #3 used an unapproved TB clearance form.


Compliance Manager

Date 11/26/2025


Primary Care Giver

Date 11-26-2025