

Foster Family Home - Corrective Action Report

Provider ID: 1-110079

Home Name: Janet Bautista, NA

Review ID: 1-110079-5

91-853 Oama Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 10/7/2015

End Date: 10/7/15

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 2 person recertification review made on 10/7/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[REDACTED SIGNATURE] _____
Compliance Manager

[REDACTED SIGNATURE] _____
Primary Care Giver

10/7/15
Date

10/7/15
Date