

Foster Family Home - Corrective Action Report

Provider ID: 4-631326

Home Name: Bernard Sarmiento, RN

Review ID: 4-631326-4

400 Holua Drive

Reviewer:

Kahului HI 96732

Begin Date: 10/27/2015

End Date: 10/27/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey for recertification of two client CCFFH 10/27/15. All requirements met at time of review. Two year certification issued.



Compliance Manager

Bernard Sarmiento
Primary Care Giver

Date

10/27/15

10-28-15
Date