

Foster Family Home - Corrective Action Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-3

94-930 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/9/2015

End Date: 6/17/15

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 3 person recertification review made on 6/09/15.

Corrective Action Report issued during home visit with no corrective action needed. 2 year certificate.



Compliance Manager

Clemencia C. Bermejo
Primary Care Giver

6/09/15
Date

6/09/2015
Date