

Foster Family Home - Corrective Action Report

Provider ID: 1-586670

Home Name: Antonette Sarmiento, CNA

Review ID: 1-586670-5

91-219 Naina Place

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 2/18/2015

End Date: 2/18/15

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 2/18/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.

[REDACTED]
Compliance Manager

[Signature]
Primary Care Giver

2/18/15
Date

2/18/2015
Date