Foster Family Home - Corrective Action Report

Provider ID: **1-513102**

Home Name: **Eden Bachiller, CNA** **Review ID:** **1-513102-4**

91-846 Keena Place Reviewer:

Ewa Beach HI 96706 Begin Date: 6/5/2015 End Date: 6/5/15

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 6/5/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[redacted]

Compliance Manager

6/5/15

Date

Eden S. Bachiller

Primary Care Giver

6/5/15

Date