

# Foster Family Home - Corrective Action Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-4

94-411 Oiiilua Place

Reviewer:

Waipahu HI 96797

Begin Date: 4/15/2016

End Date: 4/15/16

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 [REDACTED]  
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.