

Foster Family Home - Corrective Action Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-4

99-421 Aheahe Street

Reviewer:

Alea HI 96701

Begin Date: 8/5/2016

End Date: 8/5/16

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 3 person CCFFH recertification review [REDACTED] Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date