

Foster Family Home - Corrective Action Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

Review ID: 1-100028-4

94-428 Kuahui Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/2/2016

End Date: 5/2/16

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