

Foster Family Home - Corrective Action Report

Provider ID: 1-120009

Home Name: Sherry Bayangos, CNA

Review ID: 1-120009-6

142 Circle Drive

Reviewer:

Wahiawa HI 96786

Begin Date: 7/7/2016

End Date:

7/7/16

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit [REDACTED] for recertification of 2 bed home changing to 3 bed home. All requirements met at time of review. Home eligible for 1 year 3 bed certificate.

Compliance Manager

SHERRY ROSE BATANEOS / *Sherry Bayangos*

Primary Care Giver

Date

07-07-2016

Date