

Foster Family Home - Corrective Action Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-2

94-355 Oililua Pl.

Reviewer:

Waipahu HI 96797

Begin Date: 8/29/2016

End Date: 8/29/16

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 CCFFH recertification review made on 8/29/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date



Date