

Foster Family Home - Corrective Action Report

Provider ID: 1-634908

Home Name: Noly Bacerra, CNA

Review ID: 1-634908-3

94-921 Kuakahi Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/23/2015

End Date: 2/23/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)
Review for recertification. All items present at time of review.

Compliance Manager

Date

Primary Care Giver

Date