

# Foster Family Home - Corrective Action Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-3

3423 Likini Street

Reviewer:

Honolulu

HI 96818

Begin Date: 11/4/2016

End Date: 11/4/16

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 11/4/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager



Primary Care Giver

Date

11-4-16

Date