

# Foster Family Home - Corrective Action Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-4

94-930 Hiapo Street

Reviewer: [REDACTED]

Waipahu HI 96797

Begin Date: 6/6/2017

End Date: 6/6/17

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 CCFFH recertification review made on 6/6/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Clemencia C. Bermejo*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*6/6/17*  
\_\_\_\_\_  
Date