

Foster Family Home - Corrective Action Report

Provider ID: 1-170092

Home Name: Bernadette Barbano NA

Review ID: 1-170092-1

1552 Kalaepaa Drive

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 2/15/2018

End Date: 2/15/18

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 new CCFFH certification review made on 2/15/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.

David Ayling RN
Compliance Manager

2/15/18
Date

Bernadette Barbano
Primary Care Giver

2/15/18
Date