

# Foster Family Home - Corrective Action Report

Provider ID: 1-634908

Home Name: Noly Bacerra, CNA

Review ID: 1-634908-5

4-921 Kuakahi Street

Reviewer: David Avling

Waipahu

HI 96797

Begin Date: 2/14/2018

End Date:

2/14/18

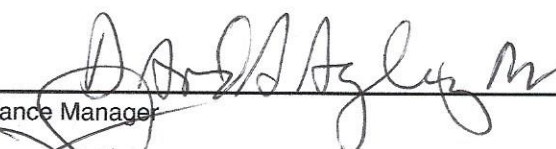
Foster Family Home Required Certificate

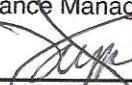
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/14/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

2/14/18  
Date

2/14/18  
Date