

Foster Family Home - Corrective Action Report

Provider ID: 1-616279

Home Name: Ligaya Bercasio

Review ID: 1-616279-1

94-500 Alapine Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 5/4/2018

End Date: 5/4/2018

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. Home is in compliance with all requirements and will receive a 1 year 2 client certification.

Carrie Wakai
Compliance Manager

[Signature]
Printer: [Name]

5/4/18
Date

5/4/18
Date