

Foster Family Home - Corrective Action Report

Provider ID: 1-170032

Home Name: Bobby Bautista, CNA
94-692 Kehela Street
Waipahu HI 96797

Review ID: 1-170032-2

Reviewer: David Ayling

Begin Date: 5/23/2018

End Date: 5/23/18

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 5/23/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.



Compliance Manager



Primary Care Giver

5/23/18
Date

5/23/18
Date