

Foster Family Home - Corrective Action Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-4

3423 Likini Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 11/1/2018

End Date: 11/5/18

Foster Family Home

Required Certificate

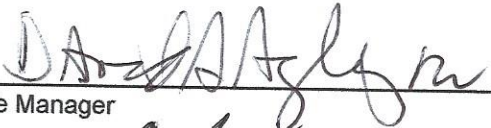
[17-1454-6]

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

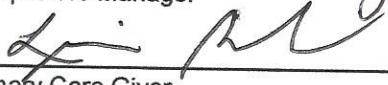
Comment:

Home visit for a 2 person CCFFH recertification review made on 11/1/18.

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


Compliance Manager

11/1/18
Date


Primary Care Giver

11/1/18
Date