

Foster Family Home - Corrective Action Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

94-428 Kuahui Street

Waipahu HI 96797

Review ID: 1-100028-6

Reviewer: Sue Lo

Begin Date: 4/3/2018


End Date: 4/12/2018

Foster Family Home Required Certificate [17-1454-6]

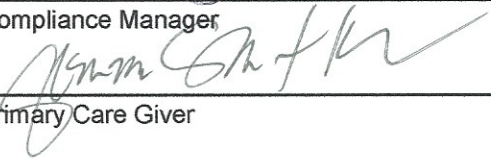
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required.



Compliance Manager



Primary Care Giver

4/3/2018
Date

4/10/2018
Date