

Foster Family Home - Corrective Action Report

Provider ID: 1-170032

Home Name: Bobby Bautista, CNA

Review ID: 1-170032-3

94-692 Kehela Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 5/16/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/16/19.
6.(d)(1) - Home in compliance with all requirements.

Asa Galindo, RN
Compliance Manager

[Signature]
Primary Care Giver

5/16/19
Date

5/16/19
Date