

# Foster Family Home - Corrective Action Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-5

94-930 Hiapo Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/6/2019

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 3 person CCFFH recertification made on 6/6/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling  
Compliance Manager

Clemencia C. Bermejo  
Primary Care Giver

6/6/19  
Date

6/6/19  
Date