

# Foster Family Home - Corrective Action Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

Review ID: 1-100028-7

94-428 Kuahui Street

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 4/29/2020

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1)  
Home inspection completed for a 3 person CCFFH recertification.

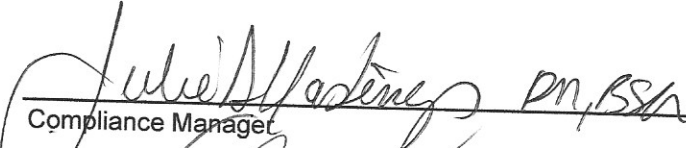
-Home is in compliance with all requirements. Home will receive a 3 bed certification


## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(i) Have a valid driver's license;

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

4/29/2020  
Date

4/29/2020  
Date