

Foster Family Home - Corrective Action Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-6

94-849 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/16/2020

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 completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RW 7/16/2020

Compliance Manager

Date

Bernadette Vera

Primary Care Giver

07/16/2020

Date