

Foster Family Home - Corrective Action Report

Provider ID: 4-100057

Home Name: Sally Bermudez, CNA

Review ID: 4-100057-11

679 Maika Place

Reviewer: Terri Van Houten

Wailuku HI 96793

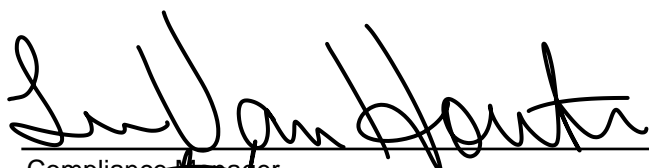
Begin Date: 5/5/2021

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


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

Comment:

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



Compliance Manager



Primary Care Giver

5/5/21

Date

5/5/21

Date