

Foster Family Home - Corrective Action Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-8

94-849 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/7/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RC 7/7/2021
Compliance Manager Date

[Signature] SCG 7/7/2021
Primary Care Giver Date

[Signature] SCG