

# Foster Family Home - Corrective Action Report

Provider ID: 1-130045

Home Name: Joerelyn Bugausan, CNA

Review ID: 1-130045-4

91-1025 Lele'oi Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 8/7/2015

End Date: 8/7/2015

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.

[REDACTED]  
\_\_\_\_\_  
Compliance Manager

*J. Bugausan*  
\_\_\_\_\_  
Primary Care Giver

8/7/2015  
\_\_\_\_\_  
Date

8/7/15  
\_\_\_\_\_  
Date