

Foster Family Home - Corrective Action Report

Provider ID: 1-150018

Home Name: Julieta Q. Bonilla, RN

94-808 Kime Street

Waipahu HI 96797

Review ID: 1-150018-1

Reviewer: [REDACTED]

Begin Date: 4/15/2015

End Date: 4/15/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home. All requirements met at time of visit

[REDACTED] RN MSN
Compliance Manager

4/15/15
Date

Julieta Q. Bonilla
Primary Care Giver

4/15/15
Date