

Foster Family Home - Corrective Action Report

Provider ID: 1-563107

Home Name: Magdalena Bonafe, CNA

Review ID: 1-563107-4

91-1005 Kaiopua Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 1/26/2015

End Date: 1/26/15

Foster Family Home

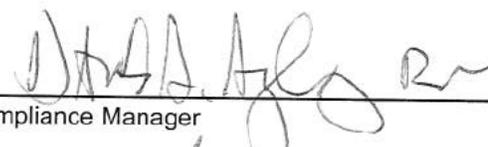
Required Certificate

[17-1454-6]

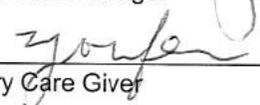
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 1/26/15.
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

1/26/15
Date

01/26/2015
Date