

Foster Family Home - Corrective Action Report

Provider ID: 4-120050

Home Name: Samuel Bumatay, CNA

Review ID: 4-120050-6

448 North Wakea Avenue

Reviewer:

Kahului HI 96732

Begin Date: 12/14/2015

End Date: 12/14/15

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 12/14/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

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Compliance Manager

Primary Care Giver

Date

Date