

Foster Family Home - Corrective Action Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

95-676 Lauawa Street

Miilani HI 96789

Review ID: 1-510009-3

Reviewer:

Begin Date: 8/1/2016

End Date: 8/1/16

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 [REDACTED]
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Eliza Bonilla

Primary Care Giver

Date

8/1/16

Date